

CITY OF MAYFLOWER
P.O. Box 69
Mayflower, AR 72106

APPLICATION FOR:
CITY OF MAYFLOWER
GAS PERMIT

<i>OFFICIAL USE ONLY</i>	INSPECTIONS:	INSPECTORS COMMENTS
PERMIT NO.: _____	APPLICANT (CHECK ONE)	
DATE ISSUED: _____	<input type="checkbox"/> Ready <input type="checkbox"/> Will Call	_____
ISSUED BY: _____	<input type="checkbox"/> Slab <input type="checkbox"/> Final	_____
	<input type="checkbox"/> Rough <input type="checkbox"/> Other	_____
DENIED: _____	APPROVED: _____	

EXACT LOCATION: _____

OWNER/TENANT: _____ TELEPHONE: _____

ADDRESS: _____

CONTRACTOR: _____ LICENSE NO.: _____

ADDRESS: _____ TELEPHONE: _____

CLASS OF WORK: NEW ADDITION REPAIR ALTERATION

PROPOSED USE (OCCUPANCY): _____ COMMERCIAL _____ RESIDENTIAL

DESCRIPTION OF WORK: _____

NOTICE: *SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL, PLUMBING, AND HVAC WORK.*

I hereby certify that the data submitted on or with this application is true and correct. Also, I have read and understand the Subdivision Covenants and Restrictions Notice as stated above. Any deviation from information contained hereon unless approved by the Building Official will render this permit null and void.

Signature of Contractor, Owner or Agent

Date