

# APPLICATION FOR GAS PERMIT

Date of Application: \_\_\_\_\_

Location of Project (Address): \_\_\_\_\_

Estimated Cost of Permitted Work: \_\_\_\_\_

Contractor (Name): \_\_\_\_\_

Master Plumber's License No.: \_\_\_\_\_

OR

Supervising Gas Fitter's License No.: \_\_\_\_\_

State Contractor's License No.(If Applicable)\*: \_\_\_\_\_

Building Permit No. (If Applicable): \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

\*Required if project is other than 1, 2, 3, or 4 family residential and this portion is over \$20,000.

\*\*Note: No inspections for six months renders this permit void.

**City of Conway, Arkansas**