

**CITY OF CONWAY, ARKANSAS**

Department of Permit, Inspections & Code Enforcement  
1201 Oak Street Conway, Arkansas 72032  
Phone 501-450-6107 Fax 501-450-6144



**Gas Permit Application**

**Date of Application:** \_\_\_\_\_ **Building Permit Number (if applicable):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Description of Work:** New Construction \_\_\_ Accessory \_\_\_ Addition \_\_\_ Remodel \_\_\_

**Gas Contractor (Company):** \_\_\_\_\_

**Master Plumber's State License Number:** \_\_\_\_\_

**Site Contact Phone #** \_\_\_\_\_

**For Remodel, Renovation, Alterations and Repairs, list the proposed number of fixtures to be installed under this permit:**

#	Fixture	#	Fixture
	Gas		Yard Line

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it's true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions for the applicable ordinances. I have been given authorization from the property owner to obtain this permit. I realize the information I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereon in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith.

\_\_\_\_\_  
Applicant Signature

**Notice**

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work has commenced.