



PLUMBING/GAS PERMIT APPLICATION

Building Safety Division

623 Garrison Avenue
Room 405
Fort Smith, AR 72901

Phone: (479) 784-2206
Fax: (479) 784-1030
buildingsafety@fortsmithar.gov

Provide a copy of the City of Fort Smith Business Registration

Site Address	Business Name	Date:			
Detailed Description of Work being Performed:			Total Project Cost* \$		
Permit Type:	Single Family	Duplex	Multi-Family	Commercial	
Type of work:	New	Addition	Repair	Remodel	Services
Project Details					
Property Information:	Legal Property Owner's Name: NOT THE TENANT OR LEASEE Property Owner's Mailing Address: City, State Zip Code: Phone:				
Applicant Information:	Company Name: Contact Name: Email: Mailing Address: City, State Zip Code: Phone:				
Contractor's Information:	Plumbing Contractor Name & Contact: Lic. # Email: Mailing Address: City, State Zip Code: Phone:				
General Information:					

Applicants Signature: _____