



MECHANICAL 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
Type of work:	New	Addition	50% Remodel
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:	Mechanical Contractor Name & Contact: Lic. # Email: Mailing Address: City, State Zip Code: Phone:		
General Information:			

Applicants Signature: _____