



114 West Wood St
Monticello, AR 71655
Phone: 870-367-4402
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Utilities Inspection Permit Application

DATE OF APPLICATION _____ PERMIT NO. _____ PAID _____ RECEIPT # _____
Residential _____ Commercial _____

Project Address _____

Owner/Tenant name _____ Phone _____

Plumbing Contractor name _____ License # _____

	Fee	Date	Inspector
Permit	\$15.00		
.07 cents per sq/ft under roof			
(new construction only)			

Commercial

\$1 per \$1000 of Plumbing job _____

Inspection fee \$35.00 _____

Total _____

All projects are subject to a re-inspection fee, that will have to be paid before the re-inspection happens.

Re-Inspection \$35.00 _____

I hereby certify that the date submitted on this application is true. Any deviation from information obtained hereto, unless approved by the Plumbing inspector, will render this permit null and void. Work must be commenced within three (3) months or this permit becomes null and void.

Signature of Applicant _____ Date _____

Plumbing Inspector _____ Date _____

Fire Marshal _____ Date _____

Issues
