

PERMIT APPLICATION

(FOR BOTH NEW CONTRACTORS AND SYSTEM UPDATES FOR EXISTING CONTRACTORS)

CONTRACTOR TYPE:

GENERAL _____ ELECTRICAL _____ PLUMBING _____ HVAC _____

CONTRACTOR _____

BUSINESS ADDRESS _____

MAILING ADDRESS IF DIFFERENT _____

BUSINESS PHONE _____

FAX NUMBER _____

E-MAIL ADDRESS _____

CONTACT PERSON _____ TITLE _____

PHONE _____ CELL PHONE _____

PROJECT ADDRESS/LOCATION _____

PROJECT COST _____

IS BUILDING INSULATION FOAM? _____

REQUIREMENTS FOR NEW CONTRACTORS

(NOT REQUIRED FOR REMODEL BY OWNER)

STATE LICENSE (MASTERS):

LICENSE# _____ EXP. DATE _____

PRIVILEGE OR BUSINESS LICENSE:

CITY _____ LICENSE# _____ EXP. DATE _____

\$1,000 BOND FOR CITY OF BRYANT

NAME _____ LICENSE# _____ EXP. DATE _____