

FOR OFFICIAL USE ONLY
Review Routing & Approval



Plumbing Permit Application

CITY OF LOWELL
216 NORTH LINCOLN STREET
LOWELL, AR 72745
(479)770-2185
Email: risk.reduction@lowellarkansas.gov

Division	Sig. = OK	Date
Reviewed By		

DATE APPLIED: _____ **E-Mail** _____

PROJECT ADDRESS: _____

OWNER NAME: _____ PHONE: _____

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

LICENSE #: _____ EXPIRATION DATE: _____

PROPOSED USE: _____ DESCRIPTION OF WORK: _____

State of Arkansas Department of Health Plumbing Approval Letter Required for Commercial Projects

Valuation of Work: \$ _____

Item	Cost	Quantity	Item	Cost	Quantity
Base Fee	\$20.00	-	RPZ- Residential	\$2.00	
Bathtubs	\$2.00		Septic	\$2.00	
Dishwasher	\$2.00		Sewer	\$2.00	
Disposal	\$2.00		Showers	\$2.00	
Drinking Fountain	\$2.00		Sinks	\$2.00	
Floor Drains	\$2.00		Urinal	\$2.00	
Gas Openings	\$3.00		Washing Machine	\$2.00	
Irrigation	\$2.00		Water	\$2.00	
Lavatories	\$2.00		Water Closets	\$2.00	
RPZ- Commercial	\$5.00		Water Heater	\$2.00	
TOTAL FEES DUE					

***Surcharge Fee: Added to all commercial building and sub permits**
Job valuation (rounded up to the nearest thousand) x .0005 = Surcharge fee
Maximum surcharge fee is \$1,000

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 is started.

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

(Signature of Contractor or Authorized Agent) (Please Print Applicant Name) (Date)

NOTE: TO SCHEDULE INSPECTIONS CALL 479-770-2185 – CONSTRUCTION SERVICES