

**FOR OFFICIAL USE ONLY**  
**Review Routing & Approval**



**Mechanical Permit Application**

CITY OF LOWELL  
216 NORTH LINCOLN STREET  
LOWELL, AR 72745  
(479)770-2185 / FAX (479)770-2106

Division	Sig. = OK	Date
Reviewed By		

**DATE APPLIED:** \_\_\_\_\_ **Email** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CONTRACTOR NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**LICENSE #:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**PROPOSED USE:** \_\_\_\_\_ **DESCRIPTION OF WORK:** \_\_\_\_\_

**Residential "Manual J" Required**  
**(Attached when application is submitted)**

**Commercial "Manual N" Required**  
**(Attached when application is submitted)**

**FEES FOR INSPECTING HEATING, VENTILATION, DUCT WORK, AIR CONDITIONING AND REFRIGERATION**

**Valuation of Work: \$** \_\_\_\_\_

**\*Base fee for Residential is \$30**

**\*Base fee for Commercial is \$50**

Residential	Cost	Quantity	Commercial	Cost	Quantity
One Unit	\$30.00		First four units	\$50.00	
Each additional unit	\$10.00		Each additional unit	\$10.00	

**\*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)**

\_\_\_\_\_  
**(Print Applicant Name)**

\_\_\_\_\_  
**(Date)**

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