PLUMBING PERMIT APPLICATION

City of Springdale Buildings Department
Physical Address: 107 Spring Street
Mailing Address: 201 Spring Street
Springdale, AR 72764
Phone: 479.750.8154 Fax: 479.756.7701



Today's Date: _____

Site Address: _____

Residential ☐ Commercial ☐

Property Owner Information

Property Owner Name: _____

Address: _____

Phone #:_____ Email: _____

Plumbing Contractor's Information

Contractors Name: _____

Mailing Address: _____

Office # _____ Cell # _____

Email Address: _____

Contact Person: _____ Contact Phone: _____

Master Lic: _____ **Exp Date:** _____

General Information

Approximate Plumbing Cost: _____

Project Description:_____

_____

_____

Applicant Signature_____ **Date**_____