City of Pocahontas

Mechanical Permit Application

Permit Type: (circle) **Residential** **Commercial** **Industrial**

Work Type: (circle) **New** **Remodel** **Addition** **Tenant Improvement** **Replace Unit**

Jobsite Address:_____ Name Of Business:_____

Subdivision:_____ Block:_____ Lot:_____

Owner of Land/Building:_____

Owner Address:_____

Owner Phone #:_____Owner Email:_____

Tenant Name: _____

Tenant Address:_____

Tenant Phone #:_____Tenant Email:_____

Contractor:_____ AR State Lic. #_____

Contractor Address:_____

Contractor Phone:_____Contractor Email:_____

Work Description:_____

Number of Units:_____ Total Tonnage:_____

Number of refrigeration units:_____ Number of vent hoods:_____

New Construction to Provide: ____ Manual J ____ Manual D

Contract Amount: $_____

Will any street cuts be necessary?_____ Building Permit #_____

All Applications for building permits shall be accompanied by all necessary construction documents. Refer to the building permit application checklist.

Any work commencing before the issuance of permits will be charged **DOUBLE** the fee.
If no work has been started for 180 days or construction stalls for 180 days, permit becomes void.

I, the applicant, certify that all statements herein and in attachments to this application, are true and accurate.

X_____ Date:_____