

City of Paragould

Office of Planning and Development

Plumbing / Gas Permit Application

Phone: 870-239-7513

Date: _____

Project Address: _____

Contractor / Owner Name: _____ Phone Number: _____

Plumbing Contractor: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Arkansas Master Plumbing License Number: _____ Expiration Date: _____

Arkansas Gas Fitter's License Number (Gas Permit Only): _____ Expiration Date: _____

Arkansas State Contractor's License Number: _____ Expiration Date: _____

Email: _____

Property Use: Residential: _____ Commercial: _____

Type of Work: New Construction: _____ Number of Fixtures: _____ Add-on/Remodel: _____

Water Connect: _____ Sewer Connect: _____ Gas Inspection: _____