

City of Paragould

Office of Planning and Development

HVAC-R Permit Application

Phone: 870-239-7513

Date: _____

Project Address: _____

Contractor / Owner Name: _____ Phone Number: _____

HVAC-R Contractor: _____ Phone Number: _____

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

Arkansas HVAC-R License Number: _____ Expiration Date: _____

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

Email: _____

Property Use: Residential: _____ Commercial: _____

Type of Work: New Construction: _____ Add-on/Remodel: _____ Change Out: _____

Cost of Job: _____