

HVAC/R Permit

City of Osceola
303 West Hale
P.O. Box 443
Osceola, Arkansas 72370
Ph. (870) 563-5245
Fax (870) 563-5195



Office Use Only:

Permit Number _____ Zone _____ Fee \$ _____

PROJECT INFORMATION:

Property Address: _____

Residential Commercial New Addition Remodel

OWNER INFORMATION:

Owner Name: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

CONTRACTOR INFORMATION:

Contractor: _____ Contact Person: _____

Address: _____ City/State/Zip: _____

Email Address: _____ Phone Number: _____

Arkansas License Number: _____ Construction Value: \$ _____

Square Feet Affected: _____

DESCRIPTION OF WORK:

Separate permits are required for plumbing, electrical and mechanical. 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 commenced. I hereby certify that I have read and examined this application 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. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

Signature of Owner or Contractor: _____ Date: _____

HVAC/R Permit Fee: \$7.00 basic fee plus \$0.03 per square foot of space affected