CITY

CITY OF WARD

P.O. BOX 237 • WARD, ARKANSAS 72176 • 501-843-2271

APPL	ICATION FOR CHANGE OUT PERMIT	PERMIT #
Name of Applicant:		
Address:		
City, Zip:	Phone:	
Location Address:		·
Subdivision Name & Lot Num	ber:	
	LOCATION OF PROPOSED STRUCTURE	
1. Residential:	Commercial:	
2. Zone Type:		
3. Type of Foundation: Slal	b Pier & Beam	
4. Gas Service? Yes	No	
5. Plumber/HVAC Name		
a. License Number	Ехрі	ration
b. Phone		
	GENERAL NOTICE if work or construction has not started with loned for a period of 6 (six) months at any ti	• •
Separate	Permits are required for Electrical, Plumbin	g, HVAC.
correct. All provisions of laws a specified herein or not. The grant	inderstand, and examined this application a and ordinances governing this type of work ting of a permit does not presume to or give or local law regulating construction or the p	will be complied with whether authority to violate or cancel the
Signature of Applicant		Date
	Office Use Only	
Approved by	Date	Rec#