



CITY OF WARD

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

APPLICATION FOR CHANGE OUT PERMIT

PERMIT # _____

Name of Applicant/Homeowner: _____

Address: _____

City, Zip: _____ Phone: _____

Location Address: _____

Subdivision Name & Lot Number: _____

LOCATION OF PROPOSED STRUCTURE

1. Residential: _____ Commercial: _____
2. Zone Type: _____
3. Type of Foundation: Slab _____ Pier & Beam _____
4. Gas Service? Yes _____ No _____
5. Plumber/HVAC Name _____
 - a. License Number _____ Expiration _____
 - b. Phone _____

GENERAL NOTICE

This Permit becomes null and void if work or construction has not started within 6 (six) months or if construction or work is suspended or abandoned for a period of 6 (six) months at any time after work is commenced. Separate Permits are required for Electrical, Plumbing, HVAC.

I hereby certify that I have read, understand, 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 or give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant _____ Date _____

Office Use Only

Approved by _____ Date _____ Rec # _____