

**BEAVERFORK PUBLIC WATER AUTHORITY**

2 Valley Ridge Road  
Conway, AR 72032  
501.329.4200 Fax:501.329.2898

**APPLICATION FOR PLUMBING PERMIT ~ WATER & GAS**

PLUMBING PERMIT NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

NAME OF PROPERTY OWNER  
\_\_\_\_\_

PROPERTY ADDRESS  
\_\_\_\_\_

NAME OF SUBDIVISION  
\_\_\_\_\_

LOT # \_\_\_\_\_ BLOCK# \_\_\_\_\_

MAILING ADDRESS FOR BILLING:  
\_\_\_\_\_

PROPERTY OWNERS TELEPHONE: WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

BUILDING CONTRACTOR:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

MASTER PLUMBING CONTRACTOR:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

Septic or sewer approval: *(check applicable)*

\_\_\_\_ Yes

\_\_\_\_ No Date to be submitted: \_\_\_\_\_

\_\_\_\_ Pending Date approval due: \_\_\_\_\_

\_\_\_\_ Copy of Arkansas Department of Health approval attached

*(All new construction permits must include a copy of the Arkansas Department of Health approved septic system plans)*

**PERMIT FEES: \$75.00** - Existing Property Water or New Construction—Water/Gas or  
Existing Property Gas or Major Repair or Backflow Prevention

Applicant's Signature

Printed Name

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**OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

AMOUNT RECEIVED: \$ \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CHECK # \_\_\_\_\_

**COPY TO: FILE ~ BUILDER/CUSTOMER ~ PLUMBER**