

City of Rector, Arkansas  
118 E 4<sup>th</sup> Street Rector AR 72461  
870-595-3035 / cityofrector@gmail.com

Tile Installation Permit

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Describe Proposed Work

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach a diagram that includes the tile diameter, length, and distance from the street. The diagram must include the name and location of two intersecting streets in relation to the property. The Street superintendent will review the plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

☐ Approved ☐ Deny Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_