

CITY OF ARKADELPHIA
 700 CLAY STREET • ARKADELPHIA, ARKANSAS 71923
 PHONE (870) 246-1818 • FAX (870) 245-3553
BUILDING PERMIT

No. _____

Applicant to complete numbered spaces only.

JOB ADDRESS 1			
LEGAL DESCRIPTION	LOT NUMBER	BLOCK	TRACT (SEE ATTACHED SHEET)
OWNER 2	MAIL ADDRESS		ZIP PHONE
CONTRACTOR	MAIL ADDRESS		ZIP PHONE
3	ARCHITECT OR DESIGNER MAIL ADDRESS		
4	CITY/STATE/ZIP		PHONE REGISTRATION NUMBER
ENGINEER 5	MAIL ADDRESS		
	CITY/STATE/ZIP		PHONE REGISTRATION NUMBER
USE OF BUILDING <input type="checkbox"/> SINGLE-FAMILY <input type="checkbox"/> TWO-FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER (SPECIFY)			
6	CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE		
7	DESCRIBE WORK:		
8			
Valuation of work: \$			
9			
SPECIAL CONDITIONS		Total Amount	Non-residential Surcharge
		Application Fee \$10.00	Permit Fee \$5.00 MINIMUM
		Type of Const.	Occupancy Group
		Size of Bldg. (Total) Sq. Ft.	No. of Stories
		Fire Zone	Use Zone
		No. of Dwelling Units	Off-street parking spaces
		Covered	Uncovered
		Special Approvals	Required Received Not Required
<p style="text-align: center;">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, HVACR, PLUMBING/GAS, AND STREET BREAKING. 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.</p> <p>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 OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OR CONSTITUTION.</p>		ZONING	
		FIRE DEPT	
		HEALTH DEPT	
		WATER UTILITIES	
		FOOD SERVICE	
		SEPTIC	
		SOIL REPORT	
		OTHER (Specify)	
APPLICATION ACCEPTED BY:		PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____			
SIGNATURE OF OWNER (IF OWNER BUILDER) _____ DATE _____			
RECEIVED BY		DATE	
RECEIPT #	CHECK NO.	CASH <input type="checkbox"/>	