

City of Arkadelphia • Building Department
 700 Clay Street • Arkadelphia, Arkansas 71923
 Phone (870) 246-1818 • Fax (870) 245-3553

CONTRACTOR'S PERMIT APPLICATION
 (To be renewed annually)

NAME OF BUSINESS:	
OWNER'S NAME:	
MAILING ADDRESS:	
CITY/STATE/ZIP CODE:	
PHONE:	FAX:

<i>CHECK ALL THAT APPLY:</i>	<input type="checkbox"/> ROOFING	<input type="checkbox"/> MUNICIPAL/UTILITY
<input type="checkbox"/> CONCRETE	<input type="checkbox"/> GENERAL CONTRACTOR	<input type="checkbox"/> LAWN SPRINKLER
<input type="checkbox"/> ELECTRICAL CONTRACTOR	<input type="checkbox"/> SIGNS	<input type="checkbox"/> VINYL SIDING/SIDING
<input type="checkbox"/> FRAMING/CARPENTRY	<input type="checkbox"/> FIRE SPRINKLERS	<input type="checkbox"/> DRYWALL
<input type="checkbox"/> GENERAL REPAIR	<input type="checkbox"/> MOBILE HOMES	<input type="checkbox"/> TRIM/CABINETS
<input type="checkbox"/> HVACR	<input type="checkbox"/> BRICK/MASONRY	<input type="checkbox"/> HAULING/EXCAVATING
<input type="checkbox"/> PLUMBING CONTRACTOR	OTHER: _____	

TO BE COMPLETED BY BUILDING DEPARTMENT ONLY

CONTRACTOR MUST PROVIDE THE FOLLOWING:

___ \$10,000 LICENSE AND PERMIT BOND MADE OUT TO THE CITY OF ARKADELPHIA

___ LICENSE AND PERMIT BOND NUMBER: _____

___ LICENSE AND PERMIT BOND EXPIRATION DATE: _____

___ STATE LICENSE CLASSIFICATION (IF APPLICABLE): _____

___ STATE LICENSE NUMBER: _____

___ STATE LICENSE EXPIRATION DATE: _____

Contractor's Signature: _____ Date: _____

Application Received By: _____ Application Approved By: _____

Permit Fee \$20.00 Amount received \$ _____

Check # _____ Cash _____ Receipt # _____

Received by _____ Date _____