

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 _____