

CITY OF ARKADDELPHIA
 700 CLAY STREET • ARKADDELPHIA, 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 4	MAIL ADDRESS				
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: 7	<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE		
DESCRIBE WORK: 8					
Valuation of work: \$ 9					
SPECIAL CONDITIONS		Total Amount			
		Application Fee \$10.00			
		Non-residential Surcharge			
		Permit Fee \$5.00 MINIMUM			
		Type of Const.	Occupancy Group		
		Size of Bldg. (Total) Sq. Ft.	No. of Stories		
		Fire Zone	Use Zone		
		Offstreet parking spaces			
		No. of Dwelling Units	Covered Uncovered		
<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>		Special Approvals	Required		
			Received	Not Required	
		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			
RECEIPTED BY		DATE			
RECEIPT #	CHECK NO.	CASH <input type="checkbox"/>			