

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 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"/>		