



ACCESSORY / BUILDING PERMIT APPLICATION

Date submitted to City Building Safety Division: _____

Project Address: _____

Project Description/Name: _____

Project/Property Owner: _____

Design Professional Responsible (if applicable): _____

Provide the names and Arkansas General Contractor Number (when applicable) for the following:

General Contractor: _____

Electrical Contractor: _____

Plumbing Contractor: _____

Mechanical Contractor: _____

Check all that apply:

- Residential Commercial Addition or Remodel Other
- New Construction Single Family Multi-Family (# of dwelling units _____)

Total Square Footage of Project (if applicable): _____

Will a fire sprinkler system be installed for the Project? (please circle one) YES NO

What is the total cost of construction of the Project? (The total cost of construction includes all labor, material, subcontracts, overhead, profit and other costs necessary to properly complete the job for its intended use including site work and parking lots) \$ _____

Contact Information:

Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____

OFFICE USE ONLY		
Date Approved: _____	By: _____	
Permit # _____	Total Fees: \$ _____	Date Paid: _____