

Application for Residential Building Permit

City of Huntsville, Arkansas

PLEASE PRINT

1. JOB ADDRESS		2. ZONE (SEE ZONING MAP)			
3. OWNER		<input type="checkbox"/> ACTING AS CONTRACTOR	MAIL ADDRESS/CITY/ZIP		PHONE
4. CONTRACTOR		LICENSE #	CITY/STATE		PHONE
5. ARCHITECT/DESIGNER		LICENSE #	CITY/STATE		PHONE
6. ENGINEER		LICENSE #	CITY/STATE		PHONE
7. SIZE (AREA) OF DISTURBED DIRT WORK: <input type="checkbox"/> 1 AC OR LESS <input type="checkbox"/> 1-4.99 ACRES <input type="checkbox"/> 5+ ACRES		8. TYPE OF CONSTRUCTION: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER		9. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> MOVE <input type="checkbox"/> REMODEL <input type="checkbox"/> REPAIR <input type="checkbox"/> OTHER—Explain	
10. DESCRIBE WORK: _____					
11. VALUATION OF WORK \$	12. ESTIMATED COST PER SQ/FT \$	13. BUILDING SIZE (Total Sq. Ft.)	14. NO. OF STORIES	15. FIRE SPRINKLERS REQUIRED?	16. NO. OF UNITS
17. ELECTRICAL CONTRACTOR <input type="checkbox"/> LICENSE # <input type="checkbox"/> LIABILITY INSURANCE— COPY		18. PLUMBING CONTRACTOR <input type="checkbox"/> LICENSE # <input type="checkbox"/> LIABILITY INSURANCE— COPY		19. HEATING & AIR CONTRACTOR <input type="checkbox"/> LICENSE # <input type="checkbox"/> LIABILITY INSURANCE— COPY	

NOTICE

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction is suspended or abandoned for a period of 6 months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. I will comply with all provisions of laws and ordinances governing this type of work. 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 of construction.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____

SIGNATURE OF OWNER (IF BUILDER/CONTRACTOR) _____ DATE _____

FOR OFFICE USE

SETBACKS		ZONE	PARKING LOT SPACES REQUIRED	OFF-STREET PARKING SPACES	SPECIAL APPROVALS	REQUIRED	RECEIVED
FRONT	REAR			<input type="checkbox"/> COVERED	ZONING		
SIDES	CORNER LOT	<input type="checkbox"/> UNCOVERED	ELECTRIC COMPANY				
SPECIAL CONDITIONS:				GAS COMPANY			
				FIRE DEPARTMENT			
				POLICE DEPARTMENT			
				OTHER			
COST OF PERMIT \$	RECEIPT #	APPLICATION ACCEPTED BY:	BUILDING INSPECTOR APPROVAL	PLANNING COMM. APPROVAL			