



# Residential Multi-Family Dwelling

<b>Office Use Only:</b>	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved by:	_____
Date:	_____

## Application & Checklist

Please fill out this form completely, supplying all necessary information and documentation to support your request. Your application will not be processed until the application is completed and required documentation provided.

### CONTRACTOR INFORMATION:

Please check if information has changed.

Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

State Contractor's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### PROPERTY INFORMATION:

Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot # \_\_\_\_\_ Block: \_\_\_\_\_

Zoning:  R-3

### BUILDING INFORMATION:

Total Heated SF:  Garage SF:  TOTAL SF:  # of Units:

# of Stories:  # Bathrooms:  # Bedrooms:  Termite Treatment Method:

Domestic H2O Meter Size:  # of Water Meters:  Floodplain:   
(Exclude irrigation meter)

### LIST OF SUB-CONTRACTORS:

Electrician: \_\_\_\_\_ Heat/Air: \_\_\_\_\_

Insulation: \_\_\_\_\_ Plumber: \_\_\_\_\_

Termite Co: \_\_\_\_\_ Other: \_\_\_\_\_

### SUBMITTAL CHECKLIST:

- 1. Completed Application, signed by contractor.
- 2. One complete set of stamped building drawings. (Must include applicable codes, occupant load, area modifications used, travel distances)
- 3. A CD of the construction plans in **PDF and DWG** (AutoCad) format.
- 4. A CD of the approved large scale development plan in DWG (AutoCad) format.
- 5. Signed "Letter of Agreement". (Sent to the owner after Planning Commission approval)
- 6. Arkansas State Health approval for inside plumbing.

A 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 STARTED.

I hereby certify that I have read and examined this document 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. I understand granting of a permit does not presume to give authority to violate or cancel the provisions or any other state or local law regulating construction or the performance of construction.

Date \_\_\_\_\_

(SIGNATURE OF OWNER, CONTRACTOR OR AUTHORIZED AGENT)

*Note: Inspection of permitted work may reveal code violations not discovered during plan review.*