



1500 Little Flock Drive  
 Little Flock, Ar. 72756  
 City Hall 479-636-2081  
 Fax 479-636-2318  
 www.cityoflittleflock.com

<b>Office Use Only:</b>	
Approved:	Yes    No
Approved by:	_____
Date:	_____

# Residential Permit

## Single Family & Duplex

### 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 is provided.

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#### Contractor Information:

Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 State Contractor's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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#### Property Information:

Address: \_\_\_\_\_ Owner: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Zoning: A-1 R-1 R-1B R-2 R-3 R-MH RE I C

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#### Building Information:

<b>Total Heated SF:</b>	<input type="text"/>	Garage SF:	<input type="text"/>	Unfinished Basement SF:	<input type="text"/>	<b>Total SF:</b>	<input type="text"/>
# Bedrooms:	<input type="text"/>	# Bathrooms	<input type="text"/>	Foundation:	<input type="text"/>	Height of Bldg:	<input type="text"/>
# Stories:	<input type="text"/>	H2O Meter Size:	<input type="text"/>	# H2O Meters:	<input type="text"/>	Termite Treatment:	<input type="checkbox"/> Slab <input type="checkbox"/> Framing

**\*Site plan required showing setbacks.**

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.

<p><b>Electrician:</b>  License # _____  Expiration Date: _____  Insurance Expiration Date: _____  Contact: _____  _____  _____  Alternate Contact: _____  _____  _____  Received Copy of License: Y/N  Received Copy of Liability Insurance: Y/N</p>	<p><b>Heat/Air:</b>  License # _____  Expiration Date: _____  Insurance Expiration Date: _____  Contact: _____  _____  _____  Alternate Contact: _____  _____  _____  Received Copy of License: Y/N  Received Copy of Liability Insurance: Y/N</p>
<p><b>Insulation:</b>  License # _____  Expiration Date: _____  Insurance Expiration Date: _____  Contact: _____  _____  _____  Alternate Contact: _____  _____  _____  Received Copy of License: Y/N  Received Copy of Liability Insurance: Y/N</p>	<p><b>Plumber:</b>  License # _____  Expiration Date: _____  Insurance Expiration Date: _____  Contact: _____  _____  _____  Alternate Contact: _____  _____  _____  Received Copy of License: Y/N  Received Copy of Liability Insurance: Y/N</p>
<p><b>Other:</b></p>	

**List of Sub- Contractors:** (List only sub-contractors that apply)

\*Please provide updated information if the sub-contractors listed change.

**Submittal Checklist:**

- Application form.
- Site plan drawn to an engineer’s scale (1’=10,20,30, etc.) **(Must include lot dimensions, setbacks, easements, utility connections).**
- Septic design & Arkansas State Health approval (If applicable).
- Benton County 911 Address approval paperwork.
- Building drawings. **(Must include floorplan & elevations).**
- Easement agreement with the city of Little Flock (if applicable).

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 compiled with whether specified herein or not. I understand inspections by City Inspectors will be made only to determine compliance with construction codes and not to assist the owner in properly locating the structure. I acknowledge my responsibility to insure, by boundary line survey, if necessary, that the location of the structure will conform to setback requirements of the Little Flock Zoning Ordinance. 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.

## **Information required to obtain a Building Permit**

1. 911 address (479-271-1085)
2. Refer to application – Required information for building plot plans.
3. Drawings @ ¼'ft scale of the floor plan showing walls, electric, plumbing, and cabinets with dimensions.
4. A drawing of the wall section from footing to roof calling out construction materials to be used.
5. Need to have type of insulation in walls and ceiling areas and “R” factors for each.
6. Drawings of the foundation or basement plan (for basement same information required as for floor plan).
7. Exterior Elevations – Front @ ¼” ft. back and side may be @ 1/8” ft.
8. Remodel, such as adding room(s) or enclosing a carport require all the above.
9. A licensed propane installer must install propane systems – Gas Permit Required
  - All new construction is required to be termite treated by a licensed agent  
(Proof must be supplied to building inspector/City of Little Flock.)
  - All construction must follow the international building codes.
  - Inspections: The city inspector will review drawings and if additional information is required, it must be submitted before issuance of a permit (Allow a minimum of 2 workdays per review)
  - Structure cannot be occupied without an occupancy permit
  - Required permits – Building/ Electrical/ Mechanical/ Plumbing/ Gas

### **COPY OF LICENSE IS REQUIRED**

**If the Building Permit is for a new home the Fire Due fee is \$60.00. The fee can be paid at the time the Building Permit is issued. Please make payments to the City of Little Flock. Failure to pay the fee could result in being charged up to \$5,000.00 in the event of a fire.**