

Permit Fee: _____

Permit No. _____

City Surcharge: _____

State Surcharge: _____

**APPLICATION FOR CONSTRUCTION PERMIT
CITY OF BERRYVILLE, ARKANSAS**

____ **New Construction** ____ **Alterations/Additions**
(Please check one of the above)

The undersigned hereby makes application to perform the construction described below in accordance with the Arkansas Fire Prevention Code, the International Code Council, the Americans With Disabilities Act, and applicable City Code provisions on permits, fees, inspections, certificates of occupancy, zoning regulations, subdivision, etc. Incomplete applications will be rejected. Submission of false information on this application shall be grounds for revoking any permit thus obtained.

I. GENERAL INFORMATION

1. Property Owner:

Name: _____ **Phone No.** _____

Address: _____

2. Property Location (If not same as owner above)

Street: _____ **No.** _____ **Subdivision:** _____

3. Property Description

Lot Size: _____ **Zone Designation:** _____

II. CONTRACTORS

1. Builder - Name: _____ **Phone No.** _____

State License No. _____

2. Electrician - Name: _____ **Phone No.** _____

State License No. _____

3. Plumber - Name: _____ **Phone No.** _____

State License No. _____

4. Mechanical - Name: _____ **Phone No.** _____

State License No. _____

Over

III. NATURE OF CONSTRUCTION

1) Proposed Use: Multiple Family Storage Single Family
 Duplex Industrial Commercial Other _____

2. Plans and Specifications

Square Footage: _____ No. of Stories: _____ Proposed Height: _____

Non-heated: _____ Cost (excluding lot): _____

Setbacks from Property Lines: Front _____ Back _____ Right Side _____ Left Side _____

Types of Materials To Be Used: _____

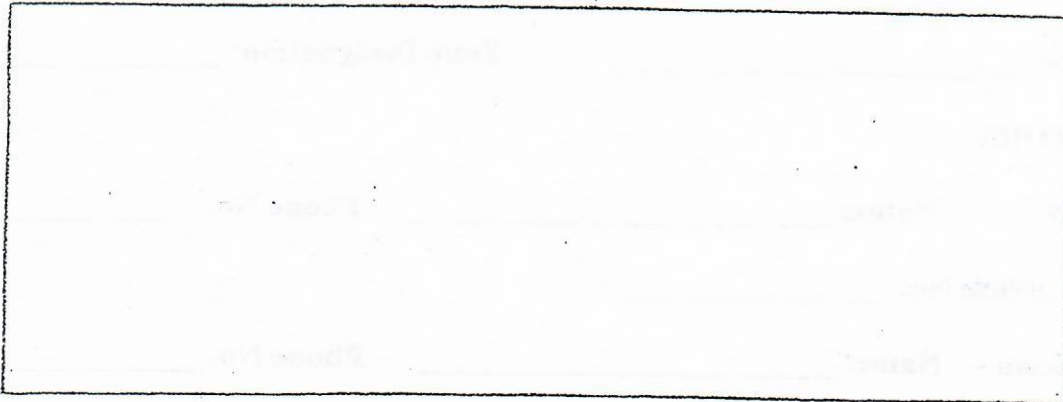
Connected to Sewer? _____

Connected to Septic? _____

ATTACH A COPY OF BUILDING PLANS!

3. Indicate On Diagram

- A. Location of structure on lot
- B. Setbacks between structure and property lines
- C. Location of access streets
- D. Location and number of spaces for off-street parking (if required)
- E. Names of adjacent streets and adjoining property owners



Applicant states that he/she is authorized by the property owner to perform the work described in application and that the information contained herein is true and correct.

APPLICANT/CONTRACTOR: _____ Phone Number: _____
Print Name

Signature: _____ Date: _____

BUILDING OFFICIAL: _____ Date Approved: _____