



APPLICATION FOR COMMERCIAL CONSTRUCTION

CITY OF MOUNTAIN HOME
720 SOUTH HICKORY
MOUNTAIN HOME, ARKANSAS
PHONE 870-425-2550

Applicant _____ Date _____

Property Owner _____

Property Owner's Address _____

Property Owner's Phone Number _____

Occupant _____ Type of Business _____

Business Owner _____

Business Owner's Address _____

Business Owner's Phone Number _____

911 Address of Structure _____ Land Use Zone _____

Mailing Address if Different from Business _____

Type of Construction: New _____ Remodel _____ Addition _____

Contractor/Builder _____ Licenses Number _____

Contractor/Builder Address _____

Contractor/Builder Phone Number _____

Plumber _____ Licenses Number _____

Plumber Address _____

Plumber Phone Number _____

Electrician _____ Licenses Number _____

Electrician Address _____

Electrician Phone Number _____

Heating/Air _____ Licenses Number _____

Heating/Air Address _____

Heating/Air Phone Number _____

Fire Alarm _____ Yes _____ No

Fire Alarm Contractor _____ Licenses Number _____

Fire Alarm Contractor Address _____

Fire Alarm Contractor Phone Number _____

Type of Construction _____ Stories _____ Protected _____ Rating _____

Number of Restrooms _____ Total Square feet of Parking Lot _____

Total Square Feet of Heated Area _____

Total Square Feet of Unheated Area _____

Flood Plain _____ Yes _____ No

Estimated Cost of Construction \$ _____

ALL APPLICATIONS SHALL BE ACCOMPANIED BY TWO SETS OF PLANS STAMPED AND SEALED BY A REGISTERED DESIGN PROFESSIONAL LICENSED IN THE STATE OF ARKANSAS.

WATER RETENTION FACILITIES SHALL BE BUILD AND INSPECTED BY THE CITY OF MOUNTAIN HOME STREET DEPARTMENT BEFORE A PERMIT CAN BE SOLD.

AT THE TIME THIS BUILDING PERMIT IS ISSUED, I AGREE TO ABIDE BY ALL BUILDING CODES, ZONING ORDINANCES AND OTHER ORDINANCES ADOPTED BY THE CITY PERTAINING TO THE ABOVE-DESCRIBED STRUCTURE.

Applicant Signature

Date

TO BE COMPLETED BY CITY OFFICIAL

Permit Approved by _____ Date _____

Type of Construction _____ Type of Occupancy _____

Permit Issued by _____ Date _____

Cost of Permit _____

Remarks _____
