



APPLICATION FOR COMMERCIAL CONSTRUCTION

CITY OF MOUNTAIN HOME
720 SOUTH HICKORY
MOUNTAIN HOME, ARKANSAS

Type of Development: New Construction ___ Addition ___ Remodel ___

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 _____

Address of Structure _____ Land Use Zone _____

Mailing Address if Different from Business _____

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 _____

Baxter County Appraised Value _____ .ratio _____

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

ALL SITE DRAINAGE AND WATER RETENTION FACILITIES SHALL BE BUILT AND APPROVED BY THE CITY OF MOUNTAIN HOME STREET DEPARTMENT BEFORE A PERMIT CAN BE SOLD.

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

Applicant

TO BE COMPLETED BY CITY OFFICIAL

Permit Approved by _____ Date _____

Type of Construction _____ Type of Occupancy _ _

Permit Issued by _____ Date _____

Cost of Permit

Remarks
