

APPLICATION FOR COMMERCIAL NEW CONSTRUCTION

CITY OF MOUNTAIN HOME
720 SOUTH HICKORY
MOUNTAIN HOME, ARKANSAS

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 _____

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 BUILT 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

TO BE COMPLETED BY CITY OFFICIAL

Permit Approved by _____ Date _____

Type of Construction _____ Type of Occupancy _____

Permit Issued by _____ Date _____

Cost of Permit _____

Remarks _____
