

Building Application for Commercial



City of Mountain Home, Arkansas



720 S Hickory Dr Mountain Home, Arkansas
Phone 870-425-2550

Drawings or a sketch of the proposed construction & a site plan must accompany the application

Applicant: _____ Current Zoning: _____

Applicant's Address: _____ Date: _____

Email: _____ Phone: _____

911 Address of Property to Be Developed: _____

Property Owner Name: _____ Phone: _____

Owner's Address: _____

Email: _____

Type of Development: ☐ New Construction ☐ Addition ☐ Remodel

Known or Estimated cost of the proposed construction (labor plus materials)\$ _____

Type of Construction _____ Type of Occupancy _____

Heated Square Feet _____ Unheated Square Feet _____

Name of Contractor: _____

Address: _____

Phone: _____ License# _____

Email: _____

ALL TRADES CONTRACTORS MUST BE APPROPRIATELY LICENSED

Name of Plumbing Contractor: _____

Address: _____

Phone: _____ License# _____

Email: _____

Name of Electrical Contractor: _____

Address: _____

Phone: _____ License# _____

Email: _____

Name of HVAC Contractor: _____

Address: _____

Phone: _____ License# _____

Email: _____

Fire Alarm: ☐ Yes ☐ No

Fire Alarm Contractor: _____ License# _____

Fire Alarm Contractor's Address: _____

Fire Alarm Contractor's Phone: _____

Type of Construction: _____ Stories _____ Protected _____ Rating _____

Number of Restrooms: _____ Total Square Feet of Parking Lot: _____

Flood Plain: ☐ Yes ☐ No

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 ORDINANCE AND OTHER ORDINANCES ADOPTED BY THE CITY PERTAINING TO ABOVE-DESCRIBED STRUCTURE.

Applicant Signature: _____ **Date:** _____

To be completed by City Official

Permit approved by: _____ Date: _____

Issued by: _____ Date: _____

Cost of Permit: _____

Remarks: _____ Page 2 of 2