

City of Fort Smith
BUILDING PERMIT APPLICATION

Date submitted to Building Safety Division Office: _____

Project Address: _____

Project Description/Name: _____

Project/Property
Owner: _____

Design Professional Responsible
(Architect/Engineer): _____

Provide the Names and Arkansas General Contractor Number (when applicable) for the following:

General Contractor: _____

Electrical Contractor: _____

Plumbing Contractor: _____

Mechanical Contractor: _____

Check all that apply:

NEW Construction _____ Addition: _____

Renovation/Remodel: _____ Other: _____

Will a fire sprinkler system be installed as part of this project? _____

What is the total cost of construction for the Project? _____

The total cost of construction includes all labor, material, subcontracts, overhead, profit and other costs necessary to properly complete the job for its intended use including site work and parking lots.

Contact Information:

Name: _____

Mailing Address: _____

Phone: _____

Fax: _____

E-mail: _____