



ELECTRICAL PERMIT APPLICATION

Building Safety Division

Provide a copy of the City of Fort Smith Business Registration

623 Garrison Avenue
Room 405
Fort Smith, AR 72901

Phone: (479) 784-2206
Fax: (479) 784-1030
buildingsafety@fortsmithar.gov

Site Address		Business Name		Date:
Detailed Description of Work being Performed:				Total Project Cost* \$
Permit Type:	Single Family	Duplex	Multi-Family	Commercial
Type of work:	Temporary Pole	Repair	Turn On	Service Upgrade
Project Details				
Property Information:	Legal Property Owner's Name: NOT THE TENANT OR LEASEE Property Owner's Mailing Address: City, State Zip Code: Phone:			
Applicant Information:	Company Name: Contact Name: Email: Mailing Address: City, State Zip Code: Phone:			
Contractor's Information:	Electrical Contractor Name & Contact: Lic. # Email: Mailing Address: City, State Zip Code: Phone:			
General Information:				

Applicants Signature: _____