



# PERMIT APPLICATION

Building Safety Division

623 Garrison Ave. Room 405  
 Fort Smith, AR 72901  
 (479) 784-2206 Office  
 (479) 784-1030 Fax

<b>Site Address:</b> _____		<b>Date:</b> _____	
<b>Scope of Work:</b> _____		<b>Total Project Cost* \$</b> _____	
<b>Permit Type:</b>	Commercial <input type="checkbox"/>	Multi-Family <input type="checkbox"/>	Single Family <input type="checkbox"/> Duplex <input type="checkbox"/>
	Demolition <input type="checkbox"/>	Grading/Fill <input type="checkbox"/>	Tower <input type="checkbox"/> Sign <input type="checkbox"/>
<b>Type of work:</b>	New <input type="checkbox"/>	Addition <input type="checkbox"/>	Remodel <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/>
<b>Project Details:</b>	Proposed Sq. Ft.: _____ Existing Sq. Ft.: _____ # of Stories: _____		
	<b>Proposed Occupancy (Use):</b> Business <input type="checkbox"/> Assembly <input type="checkbox"/> Mercantile <input type="checkbox"/> Institutional <input type="checkbox"/> Educational <input type="checkbox"/> Multi-family <input type="checkbox"/> Storage <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Other: _____		
	<b>Existing Occupancy (Use):</b> Business <input type="checkbox"/> Assembly <input type="checkbox"/> Mercantile <input type="checkbox"/> Institutional <input type="checkbox"/> Educational <input type="checkbox"/> Multi-family <input type="checkbox"/> Storage <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Other: _____		
	Fire Sprinklers: <input type="checkbox"/>	Type of Construction: IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> Heavy Timber <input type="checkbox"/> VA <input type="checkbox"/> VB <input type="checkbox"/>	
<b>Property Information:</b>	Owner's Name: _____		Phone: _____
	Owner's Address: _____		
<b>Applicant Information:</b>	Name: _____		Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/>
	Address: _____		
	Phone: _____	Email: _____	
<b>Designer's Information:</b>	Name: _____		Lic. # _____
	Address: _____		
	Phone: _____	Email: _____	
<b>Contractor's Information:</b>	<b>General Contractor Name:</b> _____		Lic. # _____
	Address: _____		Email: _____
	Phone: _____		Phone: _____
	<b>Electrical Contractor Name:</b> _____		Lic. # _____
	Address: _____		Email: _____
	Phone: _____		Phone: _____
	<b>Mechanical Contractor Name:</b> _____		Lic. # _____
	Address: _____		Email: _____
Phone: _____		Phone: _____	
<b>Plumbing Contractor Name:</b> _____		Lic. # _____	
Address: _____		Email: _____	
Phone: _____		Phone: _____	

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