

Phone (479)795-2750 Ext. 202 or 201 Email: buildingsafety@centertonar.us

Residential Building Permit

Project Ir	formation
Address	Lot
Subdivision Name	
Builders Submittal Checklist (Required)	Building Contractor Information
 [] Permit Application-All Pages [] Full Size Building Plans-PDF File—no mirrored plans accepted. [] Crawl Space Plans-Engineer Design Required [] Site Plan/ Plot Plan-Show: all building setbacks, easements, utilities, drainage flow (use arrows), septic, drainage inlets, storm Drains, light poles, hydrants, etc. [] HVAC Load Calculation Forms (Manual D and Manual J) [] Septic Approval Form-include signed application and site plan. [] Contactors License / General Liability and Workman's Comp 	Business Name Owners Name Address City, Phone () Cell ()
Home Owner Information	License # Exp
Name	Application shall be completed in it's entirety. All required information shall be submitted with application. Failure to do so will result in a denial.
Building I	nformation
[] New [] Add/Alt/Repair [] Moving Structure [] Wood [] Metal [] Masonry Heated/Cooled sq. ft Unheated sq. ft Subdivision Min. sq. ft # Stories # of Roos Slab or Crawl Space Overall Length Overall Wide Building Setbacks : Front Side Side	Basement sq. Ft Total Sum sq. ft oms Bonus Rm All Electric Y N th Height Retaining Wall
be complied with whether specified here in or not. The granting of a permit does not pre regulating construction or the performance of construction. Compliance Codes: Title 1: 2018, Ark. Energy Code 2014, and Chapter 15.12 Outdoor Lighting Illumination. NO P Exception - CODE COMPLIANT APPROVED SPRINKLER SYSTEMS.	e true and correct. All provisions of laws and ordinances governing this type of work will sume to give authority to, violate or cancel the provisions of any other State or local law I Building and Construction, AFPC 2021 VIII, NEC 2020, IMC 2021, APC 2018, AFGC LUMBING ALLOWED IN ATTIC SPACES including PEX. and BMPs prior to releasing building permits. It's required that you turn in application at https://centertonar.municipalimpact.com/public-works-department
Contractor Dignature Fillit N	ume Date
Department of Building Safety	Date

PLEASE PRINT			
Electric Contractor			
<u> </u>			
Electrician License #	Expiration Date		
	Cell		
Email Address			
Mechanical / HVAC Contractor			
Company Name			
Master Licensee Name			
	Expiration Date		
Phone Number	Cell		
Email Address			
Plumbing Contractor			
Company Name			
Address/City/State/Zip			
Plumber License #	Expiration Date		
Phone Number	Cell		
Email Address			
Note: RPZ / Backflow Preventer will request pull permit.	ire a separate plumbing permit. A licensed plumber is requ	ired to	
	nd Plumbing Fees shall be paid in addition with bur or Applicant according to fee schedule as stated:	iilding	
Electrical, Mechanical, Plumb	ing Per Trade Total Per Unit/Dwell	ling	
0 - 1500 sq. ft 1501 - 2000 sq. ft 2001 - 3000 sq. ft 3001 - or more sq. ft	\$100.00 \$300.00 \$115.00 \$345.00 \$130.00 \$390.00 \$155.00 \$465.00		