



Searcy Inspection Department

300 West Arch Avenue Searcy, Arkansas 72143-5202

501-279-1085

FAX 501-279-1084

APPLICATION FOR ACCESSORY BUILDING

Date: _____

Permit: _____

Name of Property Owner: _____

Phone: _____

Address of Property: _____

Remarks: _____

Square Footage: _____

Estimated Cost: _____

Contractor: _____

Phone: _____

Address of Contractor: _____

Email address: _____

Sub-Contractors & Licenses Number:

Plumbing: _____

Lic. No. _____

Electrical: _____

Lic. No. _____

HVAC/R: _____

Lic. No. _____

Separate permits are required for Plumbing, Electrical, HVAC/R and signs

Permit Fee: \$15.00 plus \$2.50/\$1000 of estimated cost

TOTAL PAID: _____

SKETCH

Accessory building must be at least 5 ft. off the back and off the side of property lines.

Signature of Owner or Contractor

Signature of Inspection Dept

Monthly Report _____

Billed _____