



Searcy Inspection Department

300 West Arch Avenue Searcy, Arkansas 72143-5202

PHONE 501-279-1085

FAX 501-279-1084

APPLICATION FOR BUILDING PERMIT

Date: _____

Name of Property Owner: _____ Owner Phone Number: _____

Address of Property to be Improved: _____

Remarks: _____

Zoning Classifications: _____ Set Back Requirement: _____ Located in Flood Plain: _____

Type of Improvement: Single Family Residential _____ Commercial: _____

Multi-Family Residential _____ Industrial _____

If Commercial/Industrial, Use or Occupancy Intended: _____

Type of Construction: New: _____ Remodel: _____ Addition: _____

Square Footage: Heated and cooled: _____ Under Roof: _____ Plans Attached: _____

General Contractor: _____ Estimated Cost of Improvement: _____

Address of Contractor: _____ Phone Number _____

Arkansas Licenses Number: _____ Occupation Tax Paid: _____

Sub-Contractors and Licenses Number: Plumbing: _____ Lic. No. _____

Email address: Electrical: _____ Lic. No. _____

HVAC/R _____ Lic. No. _____

The foregoing information is certified by the Owner and Contractor to be true, correct and complete. By execution hereof, Owner and Contractor acknowledge and agree that (i) any deviation from the building plans submitted herewith shall nullify any permit issued pursuant hereto; (ii) all buildings to be constructed shall comply with all Federal, State, and Local laws, statues, building codes, regulations and Ordinances applicable to construction generally and neither the issuance of a Building Permit pursuant to this Application, nor any inspection by the City of Searcy, shall relieve Owner or Contractor from compliance with such codes, nor impose any liability upon the City for any failure of compliance. Owner or Contractor must verify all setbacks shall not encroach upon any easements and receive clearance from "Arkansas One Call" BEFORE any digging, clearing, or construction begins.

A certificate of Occupancy must be issued before said Building can be occupied.

General Contractor

Owner

Separate Permits are required for Building, Plumbing, Electrical, HVAC/R and Signs.

Building Permit \$ _____ Searcy Inspection Department Date _____

Electrical Permit \$ _____ _____

Plumbing Permit \$ _____ Searcy Board of Public Utilities Date _____

HVAC/R \$ _____ _____

Sign Permit: \$ _____ Searcy Fire Department Date _____

TOTAL FEES: \$ _____ Monthly Report _____
Billed _____