

# Residential Building Permit

City of Garfield  
 14655 S. Wimpy Jones Road  
 Garfield, AR 72732  
 479-359-3652



**Application Instructions** – Please fill this form out completely and submit all required information.

**Submittal Requirements:** \*Set of plans \*Septic approval from state

**PROPERTY INFORMATION:**

**PERMIT NUMBER:** \_\_\_\_\_

Property Address: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Zoning Class \_\_\_\_\_

**BUILDING INFORMATION:**

Total Sqft: \_\_\_\_\_ Heated Sqft: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ Variance: \_\_\_\_\_

SETBACKS Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Side: \_\_\_\_\_

Type of Driveway \_\_\_\_\_ Street Access \_\_\_\_\_ Valuation of Work: \$ \_\_\_\_\_

**OWNER INFORMATION:**

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CLASS OF WORK:**

New Home  Addition  Remodel  Garage  Carport

**DESCRIPTION OF WORK:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**A separate permit is required for plumbing.** This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel provisions of any other state or local law regulating construction or the performance of construction. I also agree that the building or premises shall not be occupied until a Certificate of Occupancy is issued.

\_\_\_\_\_  
 Signature of Owner, Contractor Date

**OFFICE USE ONLY**

Check _____	Cash	
Permit	Penalty	Total

# COMPLETION OF CONSTRUCTION

It is the homeowner's responsibility to contact the City upon completion of construction in order to receive a Certificate of Occupancy. You may be required to present the final inspection any for electrical and gas.

**Building Address:** \_\_\_\_\_

**Legal Description:**

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Zoning: \_\_\_\_\_

**Setback Information:**

Front: \_\_\_\_\_

Back: \_\_\_\_\_

Interior Side: \_\_\_\_\_

Exterior Side: \_\_\_\_\_

\*Variance: \_\_\_\_\_

\*Date of Variance: \_\_\_\_\_

**Building Information:**

Type of Structure: \_\_\_\_\_

Is Structure in accordance with Arkansas Fire Prevention Code and City Ordinance \_\_\_\_\_ Yes \_\_\_\_\_ No

**Completion Date:** \_\_\_\_\_

I certify that the above to be true and correct and a Certificate of Occupancy can be given.

\_\_\_\_\_  
Zoning Official

\_\_\_\_\_  
Date