

CITY OF LITTLE ROCK
DEPARTMENT OF PLANNING & DEVELOPMENT
BUILDING CODES DIVISION
723 WEST MARKHAM, 2ND FLOOR
LITTLE ROCK, AR 72201 PH.(501) 371-4832
FAX: (501) 371-6863 or 4546

PLAN NO.

APPLICATION FOR:

BUILDING PERMIT

OFFICIAL USE ONLY

****SUBDIVISION COVENANTS AND RESTRICTIONS NOTICE****

PERMIT NO.: _____

The City gives permission for this project in accordance with local ordinances. However, there may be subdivision covenants and restrictions that apply, and this permit

DATE ISSUED: _____

does not void or override those covenants and restrictions.

ISSUED BY: _____

PROJECT ADDRESS: _____

LEGAL DESCRIPTION: LOT____ BLOCK____ SUBDIVISION: _____

OWNER/TENANT: _____ TELEPHONE / FAX _____

ADDRESS: _____ **Permit Holder E-mail** _____

CONTRACTOR: _____ LICENSE NO.: _____

ADDRESS: _____ TELEPHONE / FAX _____

ARCHITECT: _____ LICENSE NO.: _____

ADDRESS: _____ TELEPHONE / FAX _____

ENGINEER: _____ LICENSE NO.: _____

ADDRESS: _____ TELEPHONE / FAX _____

CLASS OF WORK: NEW ADDITION REPAIR ALTERATION
 MOVE DEMOLISH ACCESSORY TEMPORARY

PROPOSED USE (OCCUPANCY): _____

SQUARE FEET: _____ VALUATION: _____

NO. OF BUILDINGS: _____ NO. OF UNITS: _____ NO. FLOORS: _____

DESCRIPTION OF WORK: _____

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, GAS, PLUMBING AND MECHANICAL WORK.

I hereby certify that the data submitted on or with this application is true and correct. Also, I have read and understand the **Subdivision Covenants and Restrictions Notice** as stated above. Any deviation from information contained hereon unless approved by the Building Official will render this permit null and void.

Signature of Contractor, Owner or Agent

Date

Rev.6-99