

**CITY OF LITTLE ROCK
DEPARTMENT OF PLANNING & DEVELOPMENT
BUILDING CODES DIVISION
723 WEST MARKHAM, 2ND FLOOR
LITTLE ROCK, AR 72201 PH.(501) 371-4826
FAX: 501) 371-4546**

APPLICATION FOR:

**MISCELLANEOUS
PERMIT**

OFFICIAL USE ONLY

PERMIT NO.: _____

DATE ISSUED: _____

ISSUED BY: _____

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

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 **does not** void or override those covenants and restrictions.

PROJECT ADDRESS: _____

OWNER/TENANT: _____ TELEPHONE: _____

ADDRESS: _____

CONTRACTOR: _____ LICENSE NO.: _____

ADDRESS: _____ TELEPHONE: _____

OCCUPANCY: _____

VALUATION OF WORK: (LABOR AND MATERIAL) \$ _____

PERMIT TYPE: _____ Fence & Wall _____ Roofing _____ Siding

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.01-03