



CITY OF PINE BLUFF, ARKANSAS

Department of Inspection & Zoning

200 East 8th Avenue, Suite 101

Pine Bluff, Arkansas 71601

Tel: (870) 543-1845

Fax: (870) 543-1844

Application for Building Permit

(Rev. 2009-10)

Date: _____

Commercial Residential Rehabilitation Other

“Subdivision Covenants & Restrictions Notice”

The City gives permission for this project in accordance with local ordinances. However there may be subdivisions covenants and restrictions that apply, and this permit does not void or override those covenants and restrictions.

Project Name: _____

Project Address: _____

Contact Person: _____ Phone Number: _____

General Contractor Information

Name: _____

Address: _____

Telephone: _____

FAX: _____

Email: _____

License #: _____

Occupational Tax #: _____

Email: _____

Sub-Contractor Information

Electrical: _____ License #: _____

Plumbing: _____ License #: _____

HVAC/R: _____ License #: _____

Owner Information

Name: _____

Address: _____

Telephone: _____

FAX: _____

Cell #: _____

Project Valuation: \$ _____ Square Footage: (Heated/Cooled) _____ Total _____

PLEASE NOTE: Project valuation **must include** all plumbing, electrical and HVAC/R work **and** must also include the cost of all materials, supplies and labor costs required to install or otherwise complete the work.

Job Description: _____

Notice: 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 null and void.

Signature of Owner/Contractor: _____ Date: _____

FOR OFFICE USE ONLY

\$ _____

Permit Amount

Permit No. _____

Expiration Date _____

Permit Tech _____