

Clarksville Light & Water

P.O. Box 1807

Clarksville, AR 72830

Phone: (479) 754-3148

Fax: (479) 705-1901

## Building Permit Application

Property Owner: \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Building Contractor: \_\_\_\_\_ Mobile # ( ) \_\_\_\_\_

Contractor's #: \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

Contractor's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

All Electric Appliance & Heat Source (Residential Only)

Construction Location: \_\_\_\_\_

New Construction  Addition/alteration  Demolition  Driveway Only

Moving Structure  Garage/Storage  Residence  Commercial

Total Square Footage: \_\_\_\_\_

Construction Type: \_\_\_\_\_ Classification: \_\_\_\_\_

Zone of Property:  R-1  R-2  R-3  R-4  C-1  C-2  C-3  I-1  I-2  A-1

Construction Materials: Foundation \_\_\_\_\_ Floor \_\_\_\_\_ Exterior \_\_\_\_\_

First floor height measured from the closest point of ground level after leveling: \_\_\_\_\_

**Application must be accompanied by a scale drawing showing lot lines, building dimensions, setbacks, ingress & egress, sidewalk, parking plans & floor plans.**

I hereby submit this & accompanying documents for review & verify the above information is correct to the best of my knowledge & furthermore, upon receipt of a City issued building permit, agree to comply with current City adopted building codes; a copy of which I understand is available for my review at Clarksville City Hall located at 205 Walnut Street:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* For City Use Only \*

I have reviewed this application & accompanying documents & recommend issuance of permit:

Inspector: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Date: \_\_\_\_\_

As Determined By Inspector