

OFFICE USE ONLY

PZE # _____

Date Submitted _____

Commercial Multi Family Permit Application

One application per building

Items needed to submit:

- 1) Plans in PDF format on CD or USB drive
- 2) AR State Plumbing Letter (Health Dept.)
- 3) AR Food Service Letter (Health Dept.)
- 4) Plan Review Fee (1/4 permit fee based on value of project)

Applicant: _____ **Phone:** (____) _____ - _____

Owner: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Project Name: _____ **Project Value:** \$ _____

Project Address: _____

Apartment Complex Name (if Applicable): _____

Units: _____

Stories: _____

Total Sq Ft

Sq Ft Per Unit

The following items require a separate review and Permit:
Swimming Pools, Decks, Fences, Retaining Walls, and Signs

DESCRIPTION OF ALL WORK:

INCLUDE FIRE DAMAGE, INTERIOR/EXTERIOR, ADDITION, ACCESSORY & OTHER PROPOSED WORK

Signature: _____ **Print Name:** _____

Phone: (____) _____ - _____ **Email:** _____

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Plan Reviewer Notes:

Initials: _____ **Date:** _____

Plan Review Fee: \$ _____

Permit Fee: \$ _____

Pymt Type: Ck# _____

Clerk: _____

Date: _____

Date: _____

CC: _____ CASH