

CITY OF CONWAY, ARKANSAS
DEPARTMENT OF BUILDING PERMITS & INSPECTIONS
1201 OAK STREET CONWAY ARKANSAS 72032
Phone 501-450-6107 Fax 501-450-6144

Building Permit Fee: _____
Temp. Power: _____
Impact Fee: _____
Street: _____ Parks: _____

Application for Residential Building Permit

Date: _____

Property Address: _____

Subdivision: _____ **Lot Number:** _____

Description of Work: New Construction Addition Remodel Accessory Building

This Project includes: Electrical Plumbing Mechanical Gas

Written Description: _____

New Sq. Ft. Under Roof: _____

Total Project Cost: _____

Total # Stories: _____

Repair/Renovation Cost: _____

Owner: _____

Applicant: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Fax: _____

Fax #: _____

Email: _____

Email: _____

Design Professional: _____

Address: _____

Phone#: _____ **Fax#:** _____

Email: _____ **State Lic. #:** _____

General Contractor: _____

Address: _____

Phone: _____ **Fax #:** _____

Email: _____ **State Lic. #:** _____

Job Site Contact: _____ **Phone #:** _____

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it's true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions for the applicable ordinances. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plan submitted with this application. I have been given authorization from the property owner to obtain this permit. I realize the information I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereon in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith.

Storm Water Pollution Prevention Agreement

I understand the requirements to conform to the Storm Water Pollution Prevention plan and keep the streets and drainage systems of Conway free of sediments, debris and trash. I understand that clean-up cost will be charged to the owner if clean up is necessary by the City. I also understand that inspections by the City will not be made unless appropriate storm water pollution prevention measures are in place and maintained throughout the project. I understand and agree to abide by the Storm Water Pollution Prevention Plan and acknowledge it is the responsibility of the owner and builder to be familiar with and understand the Storm Water Pollution Prevention Ordinances.

Insurance Agreement

I hereby certify that I am in compliance with the Conway Municipal Code pertaining to Applications for Permit-Certificate of Insurance.

Notice: Separate permits are required for electrical, plumbing, heating, ventilation, or air conditioning. This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work has commenced.

Applicant Signature _____

Approved for Issuance by: _____ on _____
 (For office use only)

Old Conway Way / Historical District
 Yes _____ No _____
 Floodway/Floodplain: Yes _____ No _____
 City Engineer Approval Yes _____ No _____
 (For office use only)