



Permitting
 Planning and Development
 220 North Knoxville Avenue
 Russellville, AR 72801
 (479) 968-1002 ext.1

Inspection Services
 Fire, Building & Safety Division
 107 North El Paso Avenue
 Russellville, AR 72801
 (479) 968-1002 ext.2

COMMERCIAL BUILDING PERMIT APPLICATION

Email: permits@rsvia.org

Section 1. Project Information	Permit Number
<input type="checkbox"/> Commercial <input type="checkbox"/> Multi-family <input type="checkbox"/> Other: _____	
911 / Property Address: _____	
Subdivision: _____ Block: _____ Lot: _____ Parcel #: _____	
FOR BUILDINGS AND STRUCTURES LOCATED IN WHOLE OR IN PART IN FLOOD HAZARD AREAS, APPLICANT MUST COMPLETE THE <u>FLOODPLAIN DEVELOPMENT PERMIT APPLICATION</u> .	
PLEASE PROVIDE A LEGAL DESCRIPTION, STREET ADDRESS, OR SIMILAR DESCRIPTION THAT WILL READILY IDENTIFY THE PROPOSED BUILDING OR WORK, ALONG WITH A SURVEY OF THE PROPERTY ATTACHED TO THE APPLICATION, WITH PROPOSED STRUCTURES AND SETBACKS.	
Section 2. Project Description	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Build-out <input type="checkbox"/> Change of Use <input type="checkbox"/> Other: _____	
Proposed Use: _____ Occupancy Type: _____ # of Stories: _____ Fire Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB	
Total SF: _____ Estimated Value of Project: \$ _____	
Project Name: _____	
Description of Work: _____	
Demolition: <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, APPLICANT SHALL OBTAIN A DEMOLITION PERMIT.	
Section 3. Contact Information	
Property Owner: _____	
Mailing Address: _____ City: _____ State: _____ Zip: _____	
Phone: _____ Email: _____	
General Contractor: _____ License #: _____	
Mailing Address: _____ City: _____ State: _____ Zip: _____	
Phone: _____ Email: _____	
Design Professional: _____	
Mailing Address: _____ City: _____ State: _____ Zip: _____	
Phone: _____ Email: _____	

Section 4. Acknowledgement and Signature

Applicant is: Property Owner General Contractor Architect / Engineer Other: _____

THIS PROJECT BECOMES NULL AND VOID IF CONSTRUCTION OR WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

DEVELOPMENT SHALL NOT BE USED OR OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED BY THE BUILDING OFFICIAL.

SEPARATE PERMITS ARE REQUIRED FOR PLUMBING, ELECTRICAL AND MECHANICAL.

HEALTH DEPARTMENT APPROVALS (IF APPLICABLE) SHALL BE ATTACHED TO THIS APPLICATION.

APPLICATION SHALL BE ACCOMPANIED BY CONSTRUCTION DOCUMENTS AS REQUIRED BY THE BUILDING CODE.

IF APPLICANT IS ACTING AS PROPERTY OWNER'S AGENT, APPOINTMENT OF AGENT FORM SHALL BE SUBMITTED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND I KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. I AUTHORIZE REPRESENTATIVES FROM THE CITY OF RUSSELLVILLE TO ENTER THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Name of Applicant (Print)

Signature of Applicant

Date