



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

**Inspection Services**  
 107 North El Paso Avenue  
 Russellville, AR 72801  
 (479) 968-1002 ext.2

Email: [permitting@rsvlar.org](mailto:permitting@rsvlar.org)

**RESIDENTIAL BUILDING PERMIT APPLICATION**

Section 1. Project Information	Permit Number
Single-family      Duplex      Townhome      Accessory      Other: _____	
911 / Property Address: _____	
Subdivision: _____ Block: _____ Lot: _____ Parcel #: _____	
More than one dwelling on parcel?      Yes      No      If Yes, then submit Civil Site Plan and Report.	
FOR BUILDINGS AND STRUCTURES LOCATED IN WHOLE OR IN PART IN <b>FLOOD HAZARD AREAS</b> , APPLICANT MUST COMPLETE THE <a href="#">FLOODPLAIN DEVELOPMENT PERMIT APPLICATION</a> .	
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.	
FOR <b>TOWNHOMES</b> , PLEASE PROVIDE FIRE SEPARATION WALL DETAIL IN ACCORDANCE TO ASTM E 119 OR UL 263. RESIDENTIAL DWELLINGS EXCEEDING <b>QUADRUPLEX</b> SHALL REQUIRE ARCHITECTURAL PLANS SEALED BY AN ARCHITECT IN THE STATE OF ARKANSAS.	
Section 2. Project Description	
New      Addition      Alteration      Other: _____	
Proposed Use: _____ Heated SF: _____ Garage SF: _____ Basement SF: _____	
# of Bedrooms: _____ # of Bathrooms: _____ # of Stories: _____ Retaining Wall Ht: _____	
Total SF: _____ Estimated Value of Project: \$ _____	
Description of Work: _____	
Section 3. Contact Information	
Property Owner: _____	
Mailing Address: _____ City: _____ State: _____ Zip: _____	
Phone: _____ Email: _____	
General Contractor: _____ License #: _____	
Mailing Address: _____ City: _____ State: _____ Zip: _____	
Phone: _____ Email: _____	

#### Section 4. Acknowledgement and Signature

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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 RESIDENTIAL 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.

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**Name of Applicant (Print)**

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**Signature of Applicant**

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**Date**