



**City of Centerton**  
**Department of Building Safety**  
 P.O. Box 208, Centerton, AR 72719  
 Phone (479)795-2750 / Fax (479)795-2545

# Residential Building Permit

| Project Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Subdivision _____                                                                                                                                                                      |
| Lot Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Today's Date _____                                                                                                                                                                     |
| Builders Submittal Checklist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Building Contractor Information                                                                                                                                                        |
| <input type="checkbox"/> Permit Application<br><input type="checkbox"/> Full Size Building Plans—Digital Format required<br><input type="checkbox"/> Site Plan/ Plot Plan<br><input type="checkbox"/> Signed Septic Approval (if septic will be installed)<br><input type="checkbox"/> Contactors License / General Liability and Workman's Comp                                                                                                                                                                                                                                                                                                                                                       | Business Name _____<br>Owners Name _____<br>Address _____<br>City _____, _____<br>Phone (    ) _____ - _____<br>Cell (    ) _____ - _____<br>License # _____ Exp. _____<br>Email _____ |
| Home Owner Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                        |
| Name _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City _____, _____                                                                                                                                                                      |
| Address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Phone (    ) _____ - _____                                                                                                                                                             |
| City _____, _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Cell (    ) _____ - _____                                                                                                                                                              |
| Phone (    ) _____ - _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | License # _____ Exp. _____                                                                                                                                                             |
| Email _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                        |
| Setback Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sub-Contractors                                                                                                                                                                        |
| Subdivision Setbacks F _____ R _____ S _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Electrician _____                                                                                                                                                                      |
| Actual Setbacks F _____ R _____ S _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HVAC _____                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Plumber _____                                                                                                                                                                          |
| Building Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                        |
| <input type="checkbox"/> New <input type="checkbox"/> Add/Alt/Repair <input type="checkbox"/> Moving Structure <input type="checkbox"/> Demolition <input type="checkbox"/> Other _____<br><input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Masonry <input type="checkbox"/> Other <input type="checkbox"/> Storm Shelter/Safe Room                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                        |
| Heated/Cooled Sqft _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Unheated Sqft _____                                                                                                                                                                    |
| Basement Sqft _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total Sum Sqft _____                                                                                                                                                                   |
| Subdivision Min. Sqft _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | # Stories _____                                                                                                                                                                        |
| #of Rooms _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Bonus Rm _____                                                                                                                                                                         |
| All Electric _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                        |
| Slab/Crawl Space _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Overall Length _____                                                                                                                                                                   |
| Overall Width _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Retaining Wall _____                                                                                                                                                                   |
| Structural Cost \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Electrical Bid \$ _____                                                                                                                                                                |
| HVAC Bid \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Plumbing Bid \$ _____                                                                                                                                                                  |
| <b style="color: red;">Grading (Must Check One)</b><br><input type="checkbox"/> Finish Floor (FF) Shall be 8" (inches) higher than Finish Grade (FG) around entire perimeter of house with positive drainage.<br><input type="checkbox"/> Shall be 6" (inches) of fall (away from structure) within the first 10' (feet) of surrounding perimeter of structure with positive drainage.                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                        |
| <b style="color: red;">Property</b><br><input type="checkbox"/> I, verify the site is free of any and all tall grass, weeds, trash and like debris. Job site and streets will be maintained in conformance with Centerton City Code.<br><input type="checkbox"/> I, verify that all things and/or debris will be kept 10 feet from Road-Right-Away (10 feet back of curb)<br><input type="checkbox"/> Yes <input type="checkbox"/> No <b style="color: red;">Is property in a Flood Plain? If yes please see Planning Director for Flood Certification.</b><br><b style="color: red; text-decoration: underline;">Do not permit or proceed without flood documentation</b>                             |                                                                                                                                                                                        |
| <small>I hereby certify that I have read and examined the application and 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 here in or not. The granting of a permit does not presume to give authority to, violate or cancel the provisions of any other State or local law regulating construction or the performance of construction. Compliance Codes: Title 11 Building and Construction, AFPC 2012 VIII, NEC 2014, AMC 2010, APC 2006, AFGC 2006, Ark. Energy Code 2014, and Chapter 15.12 Outdoor Lighting Illumination. <b style="color: red;">NO PLUMBING ALLOWED IN EXTERIOR WALLS</b></small> |                                                                                                                                                                                        |
| Contractor Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Print Name _____                                                                                                                                                                       |
| Date _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date _____                                                                                                                                                                             |
| Department of Building Safety                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                        |