



# COMMERCIAL REMODEL PERMIT APPLICATION

Available on-line at: [www.tontitown.com/pdfs/commerceremodel.pdf](http://www.tontitown.com/pdfs/commerceremodel.pdf)

<b>Office Use Only:</b>
Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO
Approved By: _____
Date: _____

## Application & Checklist:

Please fill out this form completely, supplying all necessary information and documentation to support your request. Your application will not be accepted until the application is completed and required information provided.

### CONTRACTOR/OWNER INFORMATION:

Contractor Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

State Contractor's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### PROPERTY INFORMATION:

Address: \_\_\_\_\_ Suite: \_\_\_\_\_ Tenant: \_\_\_\_\_

Zoning:  A-1  R-E  R-1  R-2  R-3  R-4  R-MH  R-ZL  C1  C2  I-1  I-2  PUD  PRD

### BUILDING INFORMATION:

Total Square Feet: <input type="text"/>	IBC Construction Type: <input type="text"/>	Type A or B: <input type="text"/>
Use Classification: <input type="text"/>	Bldg. Sprinkler System: <input type="text"/>	# of Elevators: <input type="text"/>
Increase H2O Size: <input type="text"/>	# Add'l H2O Meters: <input type="text"/>	Floodplain: <input type="text"/>
Contract Price: <input type="text"/>	Add'l Meter Size: <input type="text"/>	(Exclude irrigation meters)

### LIST OF SUB-CONTRACTORS:

Electrician: \_\_\_\_\_ Heat & Air: \_\_\_\_\_

Insulation: \_\_\_\_\_ Plumber: \_\_\_\_\_

Termite Co: \_\_\_\_\_ Other: \_\_\_\_\_

### SUBMITTAL CHECKLIST: (All items must be submitted before the application will be processed)

- 1. Completed Application with contractor/owner signature.
- 2. One complete set of stamped building drawings (24" by 36") folded to 8 1/2" x 11" page size.
- 3. A CD of the construction plans in **PDF** and **DWG** (AutoCad) format.
- 4. Drawing of shell footprint indicating location of suite. (If multiple occupancy building.)
- 5. Arkansas State Health Approval for inside plumbing. (If applicable)

**A 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 IS STARTED.**

I hereby certify that I have read and examined this document 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 herein or not. I understand 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.

\_\_\_\_\_  
(SIGNATURE OF OWNER, CONTRACTOR OR AUTHORIZED AGENT)

\_\_\_\_\_  
DATE

Note: *Inspection of permitted work may reveal code violations not discovered during plan review.*