

**ADDITION, ALTERATION, REPAIR FOR A RESIDENTIAL BUILDING
PERMIT APPLICATION
CITY OF ASH FLAT**

Contractor License Number- _____

911 Address (If you don't have this, please call 870-994-2211 to obtain the address)

Lot/Sect _____ Block/Tsp _____ Addition/Range _____

Owner _____ Mailing Address _____ Phone # _____

Contractor _____

Use of Building _____

Class of Work: Addition Alteration Repair

Description of Work: _____

NOTICE: All Work Must Be In Accordance with Ordinance 2005-4-1, and Ordinance 2-1-2000.

Valuation of Work	Plan Check Fee	Shingle Deposit Check No.	Act 474 Surcharge
\$ _____	\$ _____	# _____	\$ _____

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS 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 HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT BESTOW THE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY STATE OR LOCAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF ANY AND/OR ALL CONSTRUCTION

CIRCLE ONE: County: SHARP or FULTON

All work performed in Ash Flat must adhere to city ordinances and code enforcement officer's approval.

Permit Issued By _____

NOTICE TO CONTRACTOR/BUILDER: Contractor/Builder will dispose of all waste material from the construction site to a State licensed and Environmental Protection Agency (EPA) approved landfill. Contractor will furnish a receipt from the landfill to Ash Flat City Hall as evidence of compliance. Failure to comply with this disposal requirement may result in revocation of Building Permit, and/or fines as per Ordinance 98-9-1. My initials indicate I have read & will comply with this notice.

Initials _____ Date _____

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ DATE _____

SIGNATURE OF OWNER, (IF OWNER IS BUILDER) _____ DATE _____

Permit Number When Issued _____