



215 E CENTRAL
 BENTONVILLE, AR 72712
 Office: 479-271-1003
 Text: 475-522-1003
 Email: permits@bentoncountyar.gov

Miscellaneous Application

Checklist:

- Application
- Septic Approval
- Contractor License
- Plans (required for decks, pools, carports, and solar)
- Site Plan (must show property lines, distance from structure to each property line and to the center of the road)

* Documents larger than 11x17 must be digital and legible.
 **Certain projects may require documentation of a functioning septic

Parcel # _____

PRIMARY CONTACT: Owner Contractor

PROPERTY OWNER INFORMATION

Property Owner Name: _____

Project Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

I the undersigned will be responsible for performing the work and meeting the requirements of all codes, ordinances, and laws; and that I am the owner of the above-described property.

_____ Property Owner Signature _____ Date

General Contractors Name: _____ Primary Contact: _____

Phone: _____ Email: _____ Lic. # _____

A copy of all licenses must be provided with each new project.

Residential Commercial

Pre-Fabricated Dwellings \$100 Mobile Home, Manufactured Homes, Finished out Tiny Homes

Storm Shelter \$50

Pool \$ _____ Swimming pools figured off the total cost of the job to include material and labor. Must include documentation verifying cost. Electrician will be required to pull a separate electrical trade permit.

Deck \$100 If attached to a residence

Carport \$50/\$100 With or without slab - If attached to a residence

Solar \$ _____ Solar systems figured off the total cost of the job to include material and labor. Must include documentation verifying cost. Electrician will be required to pull a separate electrical trade permit.

Demo \$50

Other _____

Note: This 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 commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of the Law and Ordinances governing this type of work will be complied with whether specified herein 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. Permit fees are non-refundable.

_____ Owner/Contractor Signature _____ Date



Miscellaneous Application

Checklist:

Application: Complete miscellaneous permit application

Septic Approval: Issued by the Arkansas Department of Health. Please submit the full permit, including the septic layout plan. If the approval date in box 21 is older than one year, the permit has expired and will need to be revalidated. ***If you will be connecting to an existing septic system, we will need a copy of the approved permit from when the system was installed.** If this is not available, we will also accept a report stating that there is an existing, functioning septic on your property. This report can be completed by a septic installer or a plumber licensed in the state of Arkansas.

Contractor Licenses: If we do not have the current license in our data base, please submit a copy showing name, type, license number, and expiration date.

Site Plan: The site plan should include: Property lines, existing structures, proposed new structures/additions, distances from each property line to the closest point of new structure, distance from the center of the road to the closest point of new structure.

Parcel #: A unique 10-digit number assigned to parcel of property by the tax assessor

Description of work: A brief explanation of proposed scope of work

Primary Contact: Who would be the best person to contact for questions pertaining to the permit/project

PROPERTY OWNER INFORMATION

Property Owner name: Name of person who is listed as the legal owner of record of the property where the project is taking place. If the property was just purchased and the new owner is not yet reflected in Benton County property records, a recorded deed showing transfer of ownership will be required.

Project address: The address assigned by 911 Administration for the property where proposed the project is taking place

City: City associated with project Address

Zip: Zip code associated with project Address

Phone: Phone number for property owner

Email: Email address for property owner

Property Owner Signature: Signature of the property owner of record. This only needs to be signed if the property owner is acting as their own contractor

Date: This only needs to be completed if the property owner is acting as their own contractor

CONTRACTOR INFORMATION

General Contractor Name: The name of the person/company who will be overseeing the project

Primary Contact: Name of the best direct person to contact about the project

Phone: Telephone number of the best direct person to contact about the project

Email: Email address for the best direct person to contact about the project

Lic #: License number from the contractor license issued by The Arkansan Contractors Licensing Board

CLASS OF WORK

Residential, Commercial: Check the correct box that corresponds with project.

Prefabricated Dwellings, Storm Shelter, Pool, Deck, Carport, Solar, Demo, Other: Check the correct box that corresponds with project.

Signature Line: Must be signed by whoever is submitting the application for review

Date: Date the application was signed