



# BENTON COUNTY

## Community Risk Reduction

2113 W. Walnut St., Rogers AR 72756  
Office: 479-271-1003 Text: 475-522-1003  
Email: [permits@bentoncountyar.gov](mailto:permits@bentoncountyar.gov)  
Website: [bentoncountyar.gov/community-risk-reduction](http://bentoncountyar.gov/community-risk-reduction)

**BEFORE APPLYING FOR YOUR NEW HOME PERMIT**  
Check with 911 Administration for address: 479-271-1085  
Check with Road Department for driveway: 479-271-1052  
Check with Health Department for Septic: 479-986-1300

**Checklist:**

- Application  Septic Approval  Contractor License
- Site Plan (must show property lines, distance from structure to each property line and to the center of the road)
- Building Plans (need room designations, room, door and window sizes. Over 2000sf must be computer generated.)

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

Parcel # \_\_\_\_\_  Flood  MS4

Description of work: \_\_\_\_\_ PRIMARY CONTACT:  Owner  Contractor

### PROPERTY OWNER INFORMATION

Property Owner Name: \_\_\_\_\_

Project Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property owners mailing address: \_\_\_\_\_

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

### BUILDING INFORMATION

- New Home  Addition  Garage/Shop
- Barndominium/Shouse  Remodel (must submit plans and scope of work being done).

Heated SF: \_\_\_\_\_ Garage SF: \_\_\_\_\_

Unfinished Basement SF: \_\_\_\_\_ Total SF: \_\_\_\_\_

# Bedrooms: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ # Stories: \_\_\_\_\_

*\*Exterior of building to remain uncovered until framing inspection. Extra \$50 inspection fee for exterior house wrap inspection.*

#### EXTERIOR FRAMING TYPE:

- Wood (poles, 2x4 or 2x6)
- Metal (pre-engineered)
- Concrete (ICF)
- Spray Foam Insulation

(Must submit ICC ESR Report before framing inspection)

#### FOUNDATION TYPE:

- Stem Wall- slab, crawl, basement
- Block (CMU)- slab, crawl, basement
- Monolithic slab
- Piers
- Post frame

### UTILITY INFORMATION

Sewer  Septic MUST PROVIDE PROOF OF A PRIVATE COLLECTION/DISPOSAL SEPTIC SYSTEM FOR: New or Remodeled Dwellings, Garage/Shops with bathroom, H/C or Bathroom Additions, Mobile Homes, Accessory Buildings with bathrooms.

Elec. Provider: \_\_\_\_\_ Water Provider \_\_\_\_\_

### CONTRACTOR INFORMATION

General Contractors Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Lic. # \_\_\_\_\_

Trade Contractors Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Lic. # \_\_\_\_\_

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

### CLASS OF WORK

- Plumbing \$50  Gas \$50  Electric \$50  HVAC Mechanical \$50 (J & D submitted if new duct work)
- Storm Shelter \$50  Pool \$100  Deck \$100  Carport \$50/\$100 (w/slab)
- Mfg./Mobile Home \$100  Solar \$100  Demo \$50  Other \_\_\_\_\_
- Accessory Building \$100  Accessory Building with Living H/C sf: \_\_\_\_\_ \$250

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