



City of Centerton
 Department of Building Safety
 P.O. Box 208, Centerton, AR 72719
 Phone (479)795-2750 Ext 202 or 201
 Email: buildingsafety@centertonar.us

Commercial Building Permit

Project Address	Office Use Only
Address _____ Name of Business _____	ICC Valuation Data _____ Construction Type _____ Date _____
Builders Submittal Checklist	Building Contractor Information
<input type="checkbox"/> Permit Application <input type="checkbox"/> Building Plans (2 USB Drives Submitted) <input type="checkbox"/> Site Plan/ Plot Plan <input type="checkbox"/> Signed Health Department Approval (Plumbing) <input type="checkbox"/> Contactors License / General Liability and Workman’s Comp	Business Name _____ Owners Name _____ Address _____ City _____, Phone () _____ - _____ Cell () _____ - _____ License # _____ Exp. _____ Email _____
Owner Information	
Name _____ Address _____ City _____, Phone () _____ - _____ Email _____	
Setback Information	Commercial Setbacks F _____ F _____ R _____ S _____ S _____ Actual Setbacks F _____ F _____ R _____ S _____ S _____
Building Information	
<input type="checkbox"/> New <input type="checkbox"/> Add/Alt/Repair <input type="checkbox"/> Moving Structure <input type="checkbox"/> Demolition <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____	
Total Sq. ft _____ Over all Length _____ Overall Width _____ Height _____ Structural Cost \$ _____ Electrical Bid \$ _____ HVAC Bid \$ _____ Plumbing Bid \$ _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is property in a Flood Plain? If yes please see Planning Director for Flood Certification. Do not permit or proceed without flood documentation	
<input type="checkbox"/> Yes <input type="checkbox"/> No Retaining Wall, If Yes, an Engineered Design Plan	
<p>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 2021 VIII, NEC 2020, IMC 2021, APC 2018, AFGC 2018, Ark. Energy Code 2014, and Chapter 15.12 Outdoor Lighting Illumination.</p>	
Contractor Signature	Print Name
Department of Building Safety	Date

PLEASE PRINT

Electric Contractor

Company Name _____ Contractor's License # _____

Master Licensee Name _____

Electrician License # _____ Expiration Date _____

Address/City/State/Zip _____

Phone Number _____ Cell _____

Email Address _____

Mechanical / HVAC Contractor

Company Name _____ Contractor's License # _____

Master Licensee Name _____

HVAC License # _____ Expiration Date _____

Address/City/State/Zip _____

Phone Number _____ Cell _____

Email Address _____

Plumbing Contractor

Company Name _____ Contractor's License # _____

Master Licensee Name _____

Plumber License # _____ Expiration Date _____

Address/City/State/Zip _____

Phone Number _____ Cell _____

Email Address _____

Note: *RPZ / Backflow Preventer will require a separate plumbing permit. A licensed plumber is required to pull permit.*