



CITY OF ELM SPRINGS  
 289 JAYROE AVENUE  
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 ELM SPRINGS, AR 72728  
 (479) 248-7323 Fax: (479) 248-1092  
[www.elmsprings.net](http://www.elmsprings.net)

# RESIDENTIAL PERMIT APPLICATION

APPLICATION # \_\_\_\_\_

## PROPERTY INFORMATION

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

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ County  Washington  Benton

Property Owner \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Applicant \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Project Contact Person \_\_\_\_\_ Email \_\_\_\_\_

## SCOPE OF WORK & BUILDING INFORMATION

**FOR NEW DWELLINGS:** Check This Box and Complete Page 4  Total Construction Cost \$ \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Area (SF) of the new work: \_\_\_\_\_

Principal Building on this lot:  Single Family Dwelling  Townhouse  Duplex (a separate permit is required for each unit)

Permit Type:  Addition to Building  Alteration to Building  Accessory Structure (complete page 3 of the application)

## UTILITY INFORMATION

<b>Water</b> <input type="checkbox"/> Public <input type="checkbox"/> Private (well)	* New homes and existing homes constructed since October 1, 2001 are required to connect to the City's public sewer system. The tap fee, capacity fee and sewer permit fee shall be paid at the time the building permit or sewer permit is issued.
<b>Sewer</b> <input type="checkbox"/> Public <input type="checkbox"/> Private (septic)*	

## PROPERTY OWNER'S STATEMENT

**PROPERTY OWNER'S STATEMENT**

I hereby certify that I have the authority to make the necessary application, that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations or private building restrictions, if any, which may be imposed by deed. The Building Official will be notified of any changes in the approved plans and specifications for the project herein prior to implementation. Fees will be calculated by staff based on applicant information provided at the time of building permit application review.

**CHECK ONE OF THE FOLLOWING BOXES:**

This permit application is for new work  This permit application is to legalize work performed without a permit, inspections or approvals. I understand that this work must conform to the current code in effect and all wall coverings and insulation must be removed to expose all work done without a permit so all work can be visually inspected by the code enforcement official.

Property Owner/Agent (print) _____	Signature _____	Date _____
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## CONTRACTOR INFORMATION

### GENERAL CONSTRUCTION (Building)

Contractor (Company Name) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Building Cost \$ \_\_\_\_\_  
Contact Person \_\_\_\_\_ License # \_\_\_\_\_ Class \_\_\_\_\_

### PLUMBING/GAS

Contractor (Company Name) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Contact Person \_\_\_\_\_ License # \_\_\_\_\_ Class \_\_\_\_\_

### MECHANICAL/HVAC

Contractor (Company Name) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
Contact Person \_\_\_\_\_ License # \_\_\_\_\_ Class \_\_\_\_\_

### ELECTRICAL

Contractor (Company Name) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
Contact Person \_\_\_\_\_ License # \_\_\_\_\_ Class \_\_\_\_\_

### PLOT PLAN (Two copies of the plot plan are required)

- Draw with a permanent medium (no pencil) showing the entire lot with the outline of all buildings located on the lot.
- Draw to an engineer's scale (1" = 20' or 1" = 30') using the largest scale that will fit on 8 1/2" x 11" or 11" x 17" paper.
- Include cantilevers, decks, porches, driveways, retaining walls, HVAC equipment, water service/meter, electrical service/meter and sewer components.
- Include easements, rights of way and building setbacks.
- Include dimensions for all proposed buildings and structures consistent with the plans provided for review.
- Include the distance from each property line to the proposed building or structure at the nearest point as measured at a right angle to the property line.
- Include flow arrows that depict the direction storm water will travel across this lot.

**INFORMATION FOR PROPOSED ACCESSORY STRUCTURES  
IF YOUR PROJECT IS A NEW DWELLING, SKIP THIS PAGE AND GO TO PAGE 4**

COMPLETE THE SECTIONS THAT BEST DESCRIBE THE WORK YOU INTEND TO PERMIT WITH THIS APPLICATION. CHECK THE APPROPRIATE BOX AND PROVIDE THE DIMENSIONS AND OVERALL SQUARE FOOTAGE OF THE PROJECT.

<b>ACCESSORY STRUCTURE (Structures attached to the main dwelling or detached structures without sides or walls)</b>		
<input type="checkbox"/> Deck (wood or composite)	Size: _____ X _____	Total Floor Area (SF): _____
<input type="checkbox"/> Porch with roof (screened or open)	Size: _____ X _____	Total Floor Area (SF): _____
<input type="checkbox"/> Structure without sides (carport, gazebo)	Size: _____ X _____	Total Floor Area (SF): _____
<input type="checkbox"/> Sunroom (a structure where the combined area of windows and skylights exceed 40% of the total area of the exterior walls and roof)		
<input type="checkbox"/> Unheated <input type="checkbox"/> Heated by: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	Size: _____ X _____	Total Floor Area (SF): _____
<input type="checkbox"/> Pergola/Trellis	Size: _____ X _____	Total Floor Area (SF): _____
<input type="checkbox"/> Other _____	Size: _____ X _____	Total Floor Area (SF): _____
<b>DETACHED BUILDING (Enclosed structures separated from the main dwelling)</b>		
<input type="checkbox"/> Storage building, workshop, garage or barn*	Size: _____ X _____	Total Floor Area (SF): _____
* Detached accessory structures greater than 600 sf and located in any zoning classification other than A-1 are required to first obtain approval from the Planning Commission.		
<b>SWIMMING POOLS, HOT TUBS &amp; SPAS</b>		
<input type="checkbox"/> Spa or hot tub supported by a deck *	Size: _____ X _____	Total Area (SF): _____
<input type="checkbox"/> Spa or hot tub supported by a concrete slab	Size: _____ X _____	Total Area (SF): _____
<input type="checkbox"/> Swimming Pool	Size: _____ X _____	Total Area (SF): _____
<input type="checkbox"/> Patio/decking associated with pool	Size: _____ X _____	Total Area (SF): _____
<input type="checkbox"/> Other _____	Size: _____ X _____	Total Area (SF): _____
*Deck requires foundation design by a licensed Professional Engineer or Architect (provide the design with this application)		

**PLAN INFORMATION SUPPLEMENT  
COMPLETE THIS SHEET FOR NEW DWELLINGS ONLY**

**NEW DWELLING DETAILS**

Dwelling Type:     Single Family Detached     Single Family Attached (Townhouse)     Duplex

Construction:     Conventional/Built on Site     Modular (factory built)     Manufactured (factory built)

Foundation:     Basement     Crawl Space     Slab

Number of Stories: \_\_\_\_\_ Mean Bldg Hgt (ft): \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Finished Basement:  Yes     No    Finished Attic:  Yes     No    Fireplace:  Masonry     Gas

**SQUARE FOOTAGE**

COVERED AREAS (UNDER ROOF) IN SQ FT				UNCOVERED AREAS (NOT UNER ROOF)		
Description of Area	√	Finished (SF)	Unfinished (SF)	Description of Area	√	Square Footage
<input type="checkbox"/> Basement				<input type="checkbox"/> Deck		
<input type="checkbox"/> 1 <sup>st</sup> Floor				<input type="checkbox"/> Patio/Terrace		
<input type="checkbox"/> 2 <sup>nd</sup> Floor				<input type="checkbox"/> Other _____		
<input type="checkbox"/> 3 <sup>rd</sup> Floor/Walk-up Attic						
<input type="checkbox"/> Attached Garage				<b>Totals</b>		
<input type="checkbox"/> Front Porch						
<input type="checkbox"/> Screen Porch						
<input type="checkbox"/> Open Covered Porch/Deck						
<input type="checkbox"/> Sunroom						
<input type="checkbox"/> Other _____						
<b>Totals</b>				<b>Total Area Under Roof (Finished + Unfinished)</b>		

**FLOODPLAIN**

Is this property located within the FEMA 100-yr Floodplain?\*     Yes\*\*     No

\* Floodplain Maps are available for viewing at City Hall as well as on the FEMA, Washington County and Benton County websites.

\*\* If the property is affected by the floodplain, the structures will have to meet the requirements of the City's Flood Damage Prevention Code. An elevation Certificate prepared by a licensed surveyor or engineer will be required before obtaining a building permit.

**CITY OF ELM SPRINGS APPROVALS (To be completed by City for all projects)**

Planning Review     N/A     Setbacks     Zoning     Floodplain     Accessory Structure Requirements

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Notes: \_\_\_\_\_