

RESIDENTIAL BUILDING PERMIT APPLICATION

City of Springdale Buildings Department
201 Spring Street
Springdale, AR 72764
Phone: 479.750.8154 Fax: 479.756.7701



Date Submitted: _____ Phone #: _____

SITE ADDRESS: _____

Zone: _____ Lot: _____ Block: _____

Subdivision: _____

Owner: _____ Mailing Address: _____ Zip _____

Contractor _____ Mailing Address: _____ Zip: _____

State Contractor's Lic #. _____ Expires: _____

_____ New	_____ Addition	_____ Alteration	_____ Repair	_____ Footing
_____ Tenant Finish Out	_____ Moving	_____ Demolition	_____ Other	

Residential: _____ Single Family _____ Multifamily _____ Condos

Number of Stories _____ Number of unit's _____
Structure Depth _____

Front & Back overhangs _____ Heated Squared Feet _____

Garage Depth _____ Garage Square Feet _____
Garage Width _____

Total Square Feet _____ Total Cost \$ _____

Subcontractor's List:

Plumber _____

Electrician _____

Heating & Air-conditioning _____

Remarks _____

Signature _____ Date _____

FOR OFFICE USE ONLY

INSPECTOR APPROVAL _____ APPROVAL DATE _____

SETBACKS _____

Zoning _____ Map _____ Utilities _____