

# BUILDING PERMIT

## JURISDICTION OF CITY OF FAYETTEVILLE

1

OWNER  
JOB ADDRESS

*Applicant to complete numbered spaces only.*

JOB ADDRESS \_\_\_\_\_

1	LEGAL DESCR.	LOT NO.	BLK	TRACT,	<input type="checkbox"/> SEE ATTACHED SHEET
2	OWNER	MAIL ADDRESS		ZIP	PHONE
3	CONTRACTOR	MAIL ADDRESS		PHONE	REGISTRATION NO.
4	ARCHITECT OR DESIGNER	MAIL ADDRESS		PHONE	REGISTRATION NO.
5	ENGINEER	MAIL ADDRESS		PHONE	REGISTRATION NO.
6	LENDER	MAIL ADDRESS		BRANCH	
7	USE OF BUILDING				
8	CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE				
9	DESCRIBE WORK:				

<p>10 Valuation of Work: \$ _____</p> <p>SPECIAL CONDITIONS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>APPLICATION ACCEPTED BY _____ PLANS CHECKED BY _____ APPROVED FOR INSURANCE BY _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">PLAN CHECK FEE</th> <th colspan="2" style="text-align: left;">PERMIT FEE</th> </tr> <tr> <td>Type of Const.</td> <td>Occupancy Group</td> <td colspan="2">Division</td> </tr> <tr> <td>Size of Bldg. (Total) Sq. Ft.</td> <td>No. of Stories</td> <td colspan="2">Max Occ. Load</td> </tr> <tr> <td>Fire Zone</td> <td>Use Zone</td> <td colspan="2">Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>No. of Dwelling Units</td> <td colspan="2">OFFSTREET PARKING SPACES Covered</td> <td>Uncovered</td> </tr> <tr> <td>Special Approvals</td> <td>Required</td> <td>Received</td> <td>Not Required</td> </tr> <tr> <td>ZONING</td> <td></td> <td></td> <td></td> </tr> <tr> <td>HEALTH DEPT.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FIRE DEPT.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SOIL REPORT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER (Specify)</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PLAN CHECK FEE		PERMIT FEE		Type of Const.	Occupancy Group	Division		Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max Occ. Load		Fire Zone	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of Dwelling Units	OFFSTREET PARKING SPACES Covered		Uncovered	Special Approvals	Required	Received	Not Required	ZONING				HEALTH DEPT.				FIRE DEPT.				SOIL REPORT				OTHER (Specify)																			
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### NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. 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 1 YEAR 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 PROVISIONS OF LAWS 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.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

\_\_\_\_\_  
SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

**WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT**

PLAN CHECK VALIDATION      CK.      M.O.      CASH      PERMIT VALIDATION      CK.      M.O.      CASH