

CITY OF WALNUT RIDGE
COMMERCIAL BUILDING PERMIT APPLICATION

Name of Applicant: _____ Applicant Phone #: _____

Address or Legal Description: _____

Contractor Name: _____ Contractor's License #: _____

Contractor Address: _____

Contractor Phone #: _____

ZONED: C-1 C-2 C-3 I-1 A-1

TYPE OF BUSINESS: _____

IS THIS PROPERTY LOCATED IN A DESIGNATED FLOOD HAZARD AREA? YES NO

Foundation: Concrete Brick Stone Blocks Other: _____

Outside Walls: Wood Brick Stone Blocks Metal Other: _____

Inside Walls: Wood Sheetrock Plaster Other: _____

Floor: Hardwood Concrete Tile Other: _____

Roof: Wood Shingle Asphalt Shingle Tile Composition Other

Building Size: Length _____ Width _____ Total Floor Area: _____ Square Feet

Tile: Yes No (if yes, size _____) Tile must be shown in construction drawings.
This MUST be approved by the Building Inspector BEFORE install.

YOUR ESTIMATED TOTAL COST OF ENTIRE PROJECT: \$ _____

By my signature below, I agree to abide by City of Walnut Ridge Ordinances and all applicable building codes. No work shall be covered up until inspected by the appropriate person(s). Failure to comply will result in the builder removing all necessary materials for inspection.

DATE: _____

Signature of Applicant: _____

PERMIT # _____

CITY OF WALNUT RIDGE

COMMERCIAL BUILDING PERMIT APPLICATION

A survey and complete set of stamped drawings and Health Dept approval letter (for plumbing) must be attached to this application showing the following:

1. All street names bordering the property.
2. Lot size.
3. Any open alleys bordering the property.
4. Any utility easements.
5. Water meters and water and sewer lines to the structure.
6. Any other buildings or structures on the lot.
7. Distances—
 - a. Front of building to edge of property line.
 - b. Side of building to edge of property line.
 - c. Back of building to property line.

APPLICATION APPROVAL

BUILDING INSPECTOR

FIRE CHIEF (As Applicable)

Notes:

PERMIT # _____

CITY OF WALNUT RIDGE
COMMERCIAL BUILDING PERMIT APPLICATION FEES

	<u>AMOUNT</u>	<u>RECEIPT #</u>	<u>DATE</u>	<u>CLERK</u>
Building Permit Fee Collected				
State Surcharge Collected				
Plumbing Inspection Fees				
Electrical Inspection Fees				
HVAC Inspection Fees				
Occupancy Fees				

CONTRACTORS INFORMATION

PLUMBING:

COMPANY NAME: _____ PHONE NUMBER: _____

PLUMBERS NAME: _____ LICENSE #: _____

BUSINESS ADDRESS: _____

ELECTRICAL:

COMPANY NAME: _____ PHONE NUMBER: _____

ELECTRICIANS NAME: _____ LICENSE #: _____

BUSINESS ADDRESS: _____

HVAC: **Manual J Submitted** Yes _____ No _____

COMPANY NAME: _____ PHONE NUMBER: _____

INSTALLERS NAME: _____ LICENSE #: _____

BUSINESS ADDRESS: _____

NOTE: All work must be completed by licensed contractors and in accordance with all applicable Federal, State and Local laws and ordinances. Failure to comply with these regulations may result in fines and/or removal of all building materials necessary to complete the proper inspections.

PERMIT # _____