



City of Conway Building Permit Application

Location: _____		Zoning: _____				
TMS#: _____		Proposed Use: _____				
Owner: _____ Mailing Address: _____		_____				
Phone #: _____ Fax#: _____		_____				
Contractor: _____ Mailing Address: _____		_____				
Phone #: _____ Fax#: _____		_____				
City Business License #:	State License #:	Exp. Date:				
Architect <input type="checkbox"/> Designer <input type="checkbox"/> Name: _____		Mailing Address: _____				
Phone #: _____ Fax#: _____		_____				
Engineer(s): _____		Mailing Address: _____				
State Registration #: _____		Phone #: _____				
Type of Work: New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Remove <input type="checkbox"/> Other <input type="checkbox"/>						
Describe Work: Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Other <input type="checkbox"/>						
Explain Work Specifically:						
_____ Signature of Contractor or Authorized Agent _____ Please Print Name Here _____ Signature of Owner (If Builder) _____ Please Print Name Here		IS STRUCTURE 50 YEARS OR OLDER? _____ Valuation of Work: \$ _____ <i>Valuation on Building Permits will be figured by Building Department. Separate permits may be required. Subcontractors must be provided.</i> NOTE: ALL SEWER & WATER FEES MUST BE PAID PRIOR TO ISSUANCE OF PERMIT ON NEW CONSTRUCTION.				
Appl. Accepted By	Permit Approval	Zoning Approval	Public Utilities	Fire Approval	Public Works	Solid Waste

<table style="width: 100%;"> <tr> <td style="width: 50%;">Building Permit</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Electrical Permit</td> <td>_____</td> </tr> <tr> <td>Plumbing Permit</td> <td>_____</td> </tr> <tr> <td>Mechanical Permit</td> <td>_____</td> </tr> <tr> <td>Gas Permit</td> <td>_____</td> </tr> <tr> <td>Sign Permit</td> <td>_____</td> </tr> <tr> <td>Plan Review Fee</td> <td>_____</td> </tr> <tr> <td>Other</td> <td>_____</td> </tr> <tr> <td>Total Amount Due:</td> <td>\$ _____</td> </tr> </table>		Building Permit	\$ _____	Electrical Permit	_____	Plumbing Permit	_____	Mechanical Permit	_____	Gas Permit	_____	Sign Permit	_____	Plan Review Fee	_____	Other	_____	Total Amount Due:	\$ _____	Type of Const.	Occupancy Group	Total Sq. Ft.
		Building Permit	\$ _____																			
		Electrical Permit	_____																			
		Plumbing Permit	_____																			
		Mechanical Permit	_____																			
Gas Permit	_____																					
Sign Permit	_____																					
Plan Review Fee	_____																					
Other	_____																					
Total Amount Due:	\$ _____																					
# Stories	# Dwelling Units	# Bedrooms																				
# Bathrooms	Elect. Amp	HVAC																				
Flood Elevation	Fire Sprinklers	Number of Seats																				
Date Issued: _____																						
Issued By: _____																						
Permit #: _____ Permit Amt\$ _____																						