



CITY OF PINE BLUFF, ARKANSAS

Department of Inspection & Zoning

200 E 8th Avenue, Suite 101

Pine Bluff, Arkansas 71601

TEL: (870) 730-2020 FAX: (870) 730-2170

RESIDENTIAL PLAN REVIEW APPLICATION

(OFFICE USE ONLY) PERMIT NO. ISSUED:		DATE:	
PROPERTY ADDRESS:			
ZONING CLASSIFICATION:		<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> TRI-PLEX	
APPLICANT INFORMATION			
NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:		E-MAIL:	
ARKANSAS CONTRACTORS LICENSE NUMBER:			
SUB-CONTRACTOR INFORMATION			
ELECTRICAL:		LICENSE NUMBER:	
PLUMBING:		LICENSE NUMBER:	
HVAC/R:		LICENSE NUMBER:	
OWNER INFORMATION (IF SAME AS APPLICANT, WRITE SAME)			
NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:		E-MAIL:	
CONSTRUCTION INFORMATION			
SQUARE FOOTAGE:		STORIES:	
REQUIRED DOCUMENTS REQUIRED FOR DEPARTMENTAL REVIEW			
ZONING: <input type="checkbox"/> SURVEY & PLOT PLAN		STREET: <input type="checkbox"/> DRAINAGE & SITE PLAN	
INSPECTION: <input type="checkbox"/> COMPLETE CONSTRUCTION PLANS		WASTEWATER: <input type="checkbox"/> TAP LOCATION	
CONTRACTED PRICE OF PROJECT: \$ _____			
PLAN REVIEW FEE (1/2 COST OF BUILDING PERMIT): \$ _____			
PLAN REVIEW FEE IS IN ADDITION TO THE BUILDING PERMIT FEE AND IS NON-REFUNABLE			
APPLICATION CERTIFICATION			
<i>I HEREBY CERTIFY THAT THE DATA SUBMITTED ON OR WITH THIS APPLICATION IS TRUE AND CORRECT</i>			
PRINT NAME:		SIGNATURE:	DATE:
OFFICE USE ONLY			
FLOOD PLAIN <input type="checkbox"/> YES <input type="checkbox"/> NO		FLOOD ZONE DISTRICT:	
ELEVATION CERTIFICATE REQ: <input type="checkbox"/> YES <input type="checkbox"/> NO		FEMA CLOMA/LOMA REQ: <input type="checkbox"/> YES <input type="checkbox"/> NO	
GF ISSUANCE:		CERTIFICATE NO.:	