



# CITY OF PINE BLUFF, ARKANSAS

## Department of Inspection & Zoning

200 East 8<sup>th</sup> Avenue, Suite 101

Pine Bluff, Arkansas 71601

Tel: (870) 730-2020

Fax: (870) 730-2170

### COMMERCIAL PLAN REVIEW APPLICATION

|   |  |                             |
|---|--|-----------------------------|
| <b>(OFFICE USE ONLY) PERMIT NO. ISSUED:</b>   |  | <b>DATE:</b>                |
| <b>Property Information</b>   |  | Parcel No. (If Known)       |
| Address:  |  |                             |
| Zoning Classification:  |  |                             |
| Please describe proposed use:   |  |                             |
| <b>Applicant's Name:</b>  |  |                             |
| Address:  |  |                             |
| City:   | State:                                   | Zip:                        |
| Phone:  | Email Address:                           |                             |
| Arkansas Contractor's License#  | Privilege #:                             |                             |
| <b>Sub-Contractor's Names:</b>  |  |                             |
| Electrical:   | License #:                               |                             |
| Plumbing:   | License #:                               |                             |
| HVAC/R:   | License #:                               |                             |
| <b>Owners Name: (If Same as Applicant, Write "Same")</b>                                      |  |                             |
| Address:  |  |                             |
| City:   | State:                                   | Zip:                        |
| Phone:  | Email Address:                           |                             |
| <b>DOCUMENTS REQUIRED FOR DEPARTMENTAL REVIEW</b>   |  |                             |
| <b>Zoning:</b> Two (2) Copies of Site Plan: Yes / No<br>(Please Circle)                       | <b>Street Dept:</b> Drainage & Site Plan | Yes / No<br>(Please Circle) |
| <b>Inspections:</b> Two (2) Complete Sets of Construction Plans<br>Yes/ No<br>(Please Circle) | <b>Wastewater:</b> Plumbing & Site Plan  | Yes / No<br>(Please Circle) |
|   | <b>Stormwater:</b> Grading Plan          | Yes / No<br>(Please Circle) |
|   | <b>Fire:</b>                             | (Please Circle)             |
| Type of Construction:   |  |                             |
| Engineering Firm:   | Phone:                                   |                             |
| Engineering Certification and Signature: Yes / No (Please Circle)                             |  |                             |
| Address:  | City:                                    | State:                      |
| Architectural Firm:   | Phone:                                   |                             |
| Architects Certification and Signature: Yes / No (Please Circle)                              |  |                             |
| Address:  | City:                                    | State:                      |
| <b>CONTRACTED PRICE OF PROJECT: \$</b> _____  |  |                             |
| <b>PLAN REVIEW FEE = (1/2 COST OF BUILDING PERMIT): \$</b> _____                              |  |                             |
| <i>Plan Review Fee is in addition to the building permit fee and is NON-REFUNDABLE</i>        |  |                             |

**PLAN REVIEW APPLICATION**

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|                                 |                      |
|---------------------------------|----------------------|
| <b>TYPE OF IMPROVEMENT:</b>     | <b>PROPOSED USE:</b> |
| New Building:                   | Multi-Family:        |
| Addition:                       | Institution:         |
| Interior Alteration:            | Assembly:            |
| Demolition:                     | Industrial:          |
| Moving:                         | Business:            |
| Foundation Only:                | Storage:             |
| Change of Use:                  | Mercantile:          |
| Sign:                           | Hazardous:           |
| Site & Drainage/Grading Permit: |                      |
| Other:                          |                      |

**APPLICANT'S CERTIFICATION**

I hereby certify that the data submitted on or with this application is true and correct.

|              |              |
|--------------|--------------|
| Print Name:  | Designation: |
| Phone / Fax: | Email:       |
| Signature:   | Date:        |

**OFFICE USE ONLY**

|  |                      |                  |
|--|----------------------|------------------|
| Flood Plain: Yes / No (Please Circle)                    | Flood Zone District: |                  |
| Elevation Certificate Required: Yes / No (Please Circle) |                      |                  |
| FEMA CLOMA/LOMA Required: Yes / No<br>(Please Circle)    | GF Issuance:         | Certificate No.: |

**Planners Remarks:** \_\_\_\_\_  
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**Fire Department Remarks:** \_\_\_\_\_  
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**Waste Water Remarks:** \_\_\_\_\_  
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**Street Department Remarks:** \_\_\_\_\_  
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**Inspection Department Remarks:** \_\_\_\_\_  
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**Zoning Department Remarks:** \_\_\_\_\_  
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