

NEW BUSINESS AND RENEWAL PERMIT APPLICATION
CITY OF RUSSELLVILLE, ARKANSAS
203 SOUTH COMMERCE
PHONE: 479-968-1002 (FAX): 479-968-4327

- A. Check One: New Business Old Business Change of Address (existing business)
B. Check One: Sole Proprietor Partnership Corporation LLC Other
C. Date that Business began operation at the address listed on line G or Date of Ownership change:

D. Business Name: _____ Date: _____

E. D/B/A Name (if applicable): _____

F. Number of Employees: _____ Approx. SQ FT. of Bldg _____

G. Physical Business Location: _____

Telephone #: _____ Fax #: _____

H. Business Mailing Address (if different from location) _____

I. State of Arkansas Sales Tax number (if applicable): _____
Federal Tax # (if applicable) _____

J. Business Owner(s) Name: _____ Drivers Lic. #: _____

K. Business Owner(s) Home address: _____ City: _____ State: _____
Zip _____ Phone # _____

L. Property Owners Name: _____ Title: _____

Contact Person's name if Company: _____

M. Description of Business: _____

N. Will your Business:

- | | | | |
|---|-----------|----------|-----------------------------|
| 1. Serve Alcoholic Beverages: | Yes _____ | No _____ | (Attach copy of ABC Permit) |
| See City Ordinances: Private Club/Restaurant Ordinance #1278 and #1811. There are additional fees that apply. | | | |
| 2. Be a Sexually Oriented Business | Yes _____ | No _____ | |
| 3. Be a Scrap Metal or Junk Yard | Yes _____ | No _____ | |
| 4. Be a Food Service | Yes _____ | No _____ | |
| 5. Be a Flea Market | Yes _____ | No _____ | (Indoor or Outdoor) |
| 6. Be a Child Care Service | Yes _____ | No _____ | |
| 7. Store Flammable or explosive material | Yes _____ | No _____ | (What type of Material) |
| 8. Store Hazardous Material | Yes _____ | No _____ | |
| 9. Amusement/Gaming Machines/Devices | Yes _____ | No _____ | |

O. Zoning of Property: _____ Special Use Permit Required? _____

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- P. Is this New Business different from the previous business at this location? _____
- Q. Previous use of structure where your business is to be located. _____
- R. Will there be any construction or modification to the Building? _____
- S. Location(s) of business activity. _____

Description of modification: _____

I understand the Business Permit is for Registration purposes only and does not waive compliance for any Federal, State, County or City Laws or Ordinances. Also it is the sole responsibility of the Applicant in writing to supply this office with any and all changes in any information pertaining to their application. A false state or misrepresentation may make the license null and void and constitute forfeiture of paid fee. If running more than one business out of the same structure, I understand I am required to fill out a separate application for each business. I understand that citations shall be issued to businesses failing to comply with the Business Permit Ordinance. It is the sole responsibility for the Business Owner to renew the permit when it expires on December 31st of each year.

Signature of Business Owner(s) or Representative _____ **Date:** _____

Fee Schedule (permit required for each location):

0-3 Employees \$25.00	4-10 Employees \$50.00	11-25 Employees \$100.00
26- 99 Employees \$200.00	100 or more Employees \$400.00	

**Note: 2 part time employees will be counted at 1 employee.

Establishments in that serve alcohol the fee shall be based on the table above and also an additional \$500.00 for the permit fee. Application due on or before January 31st. Applications received after January 31st assessed a 10% late fee after (last day of February) 60 days the late fee shall be 30%. **Also Ord. 1278 sets a fee of 5% based on the alcohol sales you report each month to the State be remitted to the City plus a \$250 annual fee.** Due by January 1st each year. Contact Finance Department 479-970-2098.

FOR OFFICIAL USE ONLY

Permit #: _____ Receipt #: _____

Building Official Signature: _____ Date: _____

CHECK LIST FOR BUILDING PERMIT APPLICATION

YES/NO IS THE PROPOSED PROJECT LOCATED IN A HISTORIC DISTRICT OR ON THE HISTORICAL REGISTER? (This will effect your permit application.)

- 1. APPLICATION
- 2. SCALED DRAWING
- 3. PLATTED LOT (final plat must be filed)
with copy of Survey and legal description.
- 4. PROOF OF AGENCY (ownership verification)
- 5. WAIVERS REQUESTED (variances, etc.)
- 6. WRITTEN INTENT OF CONSTRUCTION
- 7. STORM WATER DRAINAGE REQUIREMENTS
- 8. HALF STREET IMPROVEMENT REQUIREMENTS
- 9. OVER \$20,000 NEEDS STATE CONTRACTOR'S LICENSE ON COMMERCIAL PROJECTS.
- 10. COPY OF LIABILITY INSURANCE/WORKERS COMP.
- 11. HEALTH DEPARTMENT APPROVAL FOR PLUMBING FOR ALL COMMERCIAL PROJECTS.
- 12. COPY OF PERK TEST IF NOT ON A SEWER SYSTEM.

NO PERMITS WILL BE ISSUED WITHOUT THIS INFORMATION.

13. CITY CORPORATION APPROVAL FOR SITE PLAN AND PLUMBING PLAN FOR ALL COMMERCIAL PROJECTS.

COMMUNITY DEVELOPMENT
203 SOUTH COMMERCE AVE.
RUSSELLVILLE, AR 72801
479-968-1002 (FAX) 479-968-4327

Updated 10/18/11

10/20/14

PLANS APPROVED BY: _____ DATE _____

AFTER APPROVAL PERMIT ISSUED BY: _____ DATE _____

BUILDING PERMIT APPLICATION/PERMIT
RUSSELLVILLE, AR 72801

Section 1 - GENERAL PROVISIONS (APPLICANT TO READ AND SIGN)

1. No work may start until permit is issued.
2. This permit may be revoked if any false statements are made herein.
3. If revoked, all work must cease until permit is re-issued.
4. Development shall not be used or occupied until a Certificate of Occupancy is issued by the Office of Community Development.
5. The permit will expire if no work is commenced within six months of issuance.
6. Applicant is hereby informed that other permits may be required to fulfill local, state, and federal regulatory requirements.
7. Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections to verify compliance.

I, the applicant, certify that all statements herein and in attachments to this application, are true and accurate.

X _____ Date: _____

Section 2 - PROPOSED DEVELOPMENT (TO BE COMPLETED BY APPLICANT)

Name of Property Owner: _____

911/Physical Address of Proposed property: _____

Phone Number: _____ Cell #: _____

YES/NO IS THE PROPOSED PROJECT LOCATED IN A HISTORIC DISTRICT OR ON THE HISTORICAL REGISTER? (This will effect your permit application.)

Contractor _____ Contractor License # & Ex. Date: _____

Engineer _____ Architect _____

Project Location

To avoid delay in processing the application, please provide enough information to easily identify the project location. **Provide the street address, lot number or legal description (attach).** A

survey of the property **attached to the application with proposed structures and setbacks is desired** and can be required when deemed necessary by the Building Official.

Use Zone _____ Lot Area (Acre or Square Feet) _____
Description of Work

<u>Activity</u>	<u>Structure Type</u>
<input type="checkbox"/> New Structure	<input type="checkbox"/> Fence and/or Swimming Pool
<input type="checkbox"/> Addition	<input type="checkbox"/> Single Family Residence
<input type="checkbox"/> Alteration	<input type="checkbox"/> Multi Family Residence
<input type="checkbox"/> Relocation	<input type="checkbox"/> Commercial (Less than 12,500 S.F.)
<input type="checkbox"/> Demolition	<input type="checkbox"/> Commercial (More than 12,500 S.F.)
<input type="checkbox"/> Replacement	<input type="checkbox"/> Industrial (Less than 12,500 S.F.)
	<input type="checkbox"/> Industrial (More than 12,500 S.F.)
	<input type="checkbox"/> Mobile Home
	<input type="checkbox"/> Church
	<input type="checkbox"/> Other (sign, deck, etc.)

Estimated value of project \$ _____

RESIDENTIAL SINGLE FAMILY PERMITS

TOTAL HEATED AND COOLED SQ. FEET. _____ X _____ = \$ _____

PERMIT FEE \$ _____ COMMERCIAL, STATE FEE _____ (\$.50/1000) (\$1,000.00 Max fee)

Other Development Activities

<input type="checkbox"/> Fill	<input type="checkbox"/> Mining	<input type="checkbox"/> Drilling	<input type="checkbox"/> Grading
<input type="checkbox"/> Excavation			
<input type="checkbox"/> Watercourse alteration			
<input type="checkbox"/> Drainage Improvements			
<input type="checkbox"/> Road, Street, Bridge Construction			
<input type="checkbox"/> Subdivision			
<input type="checkbox"/> Other _____			

After completing this section, Applicant should submit form to Building Official for review.

VERIFICATION OF OWNERSHIP

OR

**APPOINTMENT OF AGENT
RUSSELLVILLE, ARKANSAS**

I, _____ certify by my signature that I am the owner of the property described below.

Property described as follows:

Address: _____

Legal Description: _____

SIGNATURE OF PROPERTY OWNER (S)

DATE

I, _____ certify by my signature below,
that I hereby Authorize _____ to act as my
agent regarding the _____ of the below described property.

Property described as:

SIGNATURE OF PROPERTY OWNER (S)

DATE

Subscribed and sworn to me, a Notary Public on this _____ day of _____, 20__.

Notary Public

My commission expires:

Section 3 – FLOODPLAIN DETERMINATION (TO BE COMPLETED BY LOCAL ADMINISTRATOR)

The proposed development is located on FIRM No. _____, Dated.

The proposed development:

- Is NOT located in a Special Flood Hazard Area
- Is located in a Special Flood Hazard Area
FIRM zone designation is ZONE_
- The proposed development is located in a floodway
- See additional requirements

Additional requirements:

Floodplain Elevation _____ ft (NGVD 1929)

Signed _____ Dated _____

Section 4 – BUILDING PERMIT REVIEW (TO BE COMPLETED BY BUILDING OFFICIAL OR HIS DESIGNATED EMPLOYEE)

HEALTH DEPARTMENT APPROVAL—PLUMBING (COMMERICAL PROJECTS)
(APPROVAL MUST BE ATTACHED TO THIS APPLICATION)

Setbacks from structure to property line correct for Use Zone.

Front _____ Rear _____ Side _____ Side _____

Proposed structure allowable in Use Zone. (Use Zone _____)

Minimum lot area requirements correct for Use Zone and proposed structure.

Lot square feet _____

Minimum lot width at building line correct for Use Zone and proposed structure.

Lot width _____

Square footage of proposed construction. SQ FT. _____

Parking layout for all structures except single-family residences and duplexes.
(Sketch attached)

BUILDING PERMIT APPROVED BY: _____ DATE _____

Application taken by: _____

LETTER OF REGULATORY COMPLIANCE

Ordinance # 1675

Storm Water Drainage

No Person shall develop any land, realign any channel, place fill or debris in the channel or in any storm drainage system, without having provided for appropriate storm water management measures that control or manage runoff, in compliance with Ordinance 1675.

All construction, subdivision approvals or remodeling activities shall have a storm water management and drainage plan approved and this **form signed by the City Engineer**, before a building permit is issued or subdivision is approved except in Article 1, Section D:

- One-new or existing single family structure unless the impervious areas of the development exceed 40,000 square feet.
- One-new or existing duplex family structure unless the impervious areas of the development exceed 40,000 square feet.
- One-existing commercial or industrial structure where additional structural improvements or additional impervious areas are less than 500 square feet.
- Residential subdivisions which were approved prior to the effective date of these regulations are exempt from these requirements. Development of new phases of existing subdivisions which were not previously approved shall comply with the provisions of these regulations.

Name: _____

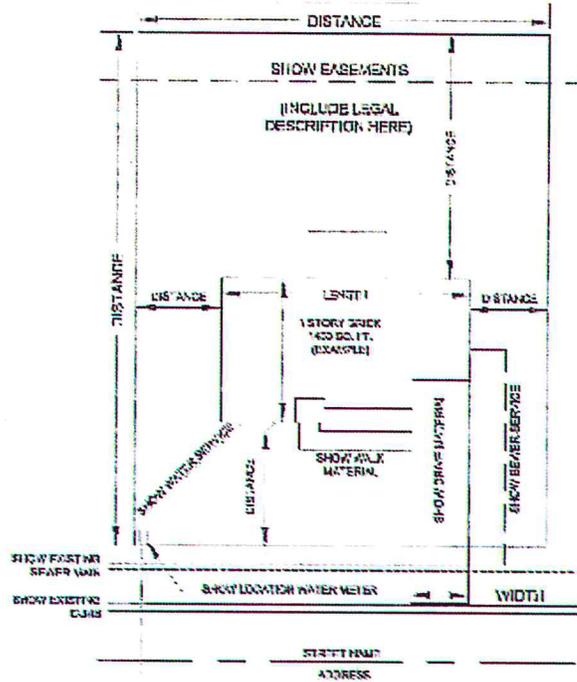
Location of Property: _____

Comments:

Approved: _____ Date: _____

NOTES AND COMMENTS:

SITE PLAN



REQUIRED MINIMUM SITE PLAN INFORMATION

01. SITE PLAN DRAWN TO SCALE
02. LEGAL DESCRIPTION OF LOT/TRACT
03. PROPERTY LINES SHOWN WITH DISTANCE AND BEARINGS
04. RIGHT OF WAYS, EASEMENT AND SETBACKS
05. NAME OF STREET AND ADDRESS OF STRUCTURE
06. ALL EXISTING AND PROPOSED STRUCTURES
07. ALL EXISTING & PROPOSED SIDEWALKS, PATIOS, DECKS, & DRIVEWAYS WITH SIZE OF EACH
08. ALL DRAINAGE PIPES WITH SIZES AND MATERIALS
09. DRAINAGE DIRECTION OF LOT
10. APPROXIMATE LOCATION OF EXISTING WATER AND SEWER MAINS AND SERVICES TO STRUCTURES