



# 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

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## PLAN REVIEW APPLICATION

<b>(OFFICE USE ONLY) PERMIT NO. ISSUED:</b>		<b>DATE:</b>
Property Information		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>		
Zoning: Two (2) Copies of Site Plan: Yes / No <i>(Please Circle)</i>	Street Dept: Drainage & Site Plan	Yes / No <i>(Please Circle)</i>
Inspections: Two (2) Complete Sets of Construction Plans Yes/ No <i>(Please Circle)</i>	Wastewater: Plumbing & Site Plan	Yes / No <i>(Please Circle)</i>
	Stormwater: Grading Plan	Yes / No <i>(Please Circle)</i>
	Fire:	<i>(Please Circle)</i>
Type of Construction:		
Engineering Firm:	Phone:	
Engineering Certification and Signature: Yes / No <i>(Please Circle)</i>		
Address:	City:	State:
Architectural Firm:	Phone:	
Architects Certification and Signature: Yes / No <i>(Please Circle)</i>		
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**

<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 (Please Circle)	GF Issuance: Certificate No.:

**Planners Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fire Department Remarks:** \_\_\_\_\_  
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\_\_\_\_\_  
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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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