



CITY OF PINE BLUFF, ARKANSAS

Department of Inspection & Zoning

200 East 8th Avenue, Suite 101

Pine Bluff, Arkansas 71601

Tel: (870) 730-2020

Fax: (870) 730-2170

www.cityofpinebluff.com

Application for Existing Inspection Permit

(Rev 2017)

Date: _____

Business Status: NEW

EXISTING/CHANGE OF OWNERSHIP

"State and Federal Law Compliance"

Each owner/applicant is responsible for insuring that his/her project is in compliance with all local, state, and federal laws and must abide by subdivision covenants and restrictions associated with the property.

Type of Business:

Commercial

Industrial

Institutional

Non-Profit

Business/Organization Name: _____

Business Owner/Operator: _____

Street Address: _____

Mailing Address: _____

Email Address: _____

Phone: _____ Fax: _____

CHECK ALL THAT APPLY

Previous Use of Building: _____

Yes No: Does the building have a sprinkler system?

Date opened/To open: _____

Yes No: Is there a fire alarm?

Square feet of Building: _____

Yes No: Do you have flammable/explosive materials?

of Employees: _____

Yes No: Is this a sexually oriented business?

of Parking Spaces: _____

Yes No: Do you share parking with another business?

Description of Business: _____

Have you received any notification from the City regarding the property referenced above? YES / NO

(Circle One)

Notice: I hereby certify that the data submitted on or with this application is true and correct. Also, I understand that if the building repairs exceed \$500.00, a building permit must be purchased. A \$30.00 re-inspect fee shall be charged after the 2nd failed attempt.

Owner/Applicant Signature: _____

Date: _____

Name (Print): _____

FOR OFFICE USE ONLY

\$ _____
Permit Amount

Permit No.

Expiration Date

Permit Tech