

CITY OF CARLISLE

APPLICATION FOR BUILDING PERMIT



CITY OF CARLISLE

APPLICATION FOR BUILDING PERMIT

Please fill out the form below – Please print

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Address of building permit if different from above: _____

Give complete legal description of lots building permit is being requested for: Lots(s), Block and

Division: _____

What is the intended use of the building: _____

What is the cost of the building or addition: _____

How many square feet will be in the building: _____

Will there be plumbing and/or heat in this building? Yes No

Number of Water Connections needed: _____ Number of Sewer Connections needed: _____

Will this building be used as a business? Yes No

If Yes, what type of business will be conducted in this building? _____

If Yes, will there be a delivery truck going to and from the business? Yes No

If Yes, will there be customer parking required? Yes No

Will this building be used as a residential structure? Yes No

If Yes, is it a single family dwelling? Yes No

Will this building be used for multi- dwelling, such as a duplex and/or apartment units? Yes No

If Yes, how many unit dwellings in building? _____

Is this property located in a designated flood way? Yes No

Foundation: Concrete Brick Stone Blocks Other: _____

Exterior Walls: Wood Brick Stone Blocks Metal Other: _____

Interior Walls: Wood Sheetrock Plaster Other: _____

Roof: Wood Shingle Asphalt Shingle Metal Other: _____

DRAWINGS NEEDED

Please attach with this application a complete drawing of the property and the building in which you are seeking a building permit. Plan must be submitted in duplicates, drawn to scale, showing the actual dimensions of the lot to be built upon, the size of the building to be erected and its location on the lot. The drawing must show the distance the building will be from all property lines, and any state or city right-of-way.

PERMIT & INSPECTION FEE

FEE	AMOUNT	RECEIPT #	DATE	CLERK
BUILDING PERMIT				
WATER CONNECTION				
ELECTRICAL INSPECTION				
SEWER CONNECTION				
HVAC INSPECTION				

CONTRACTORS INFORMATION

PLUMBING:

COMPANY NAME: _____ PHONE NUMBER: _____

PLUMBERS NAME: _____ LICENSE # : _____

BUSINESS ADDRESS: _____

ELECTRICAL:

COMPANY NAME: _____ PHONE NUMBER: _____

ELECTRICIANS NAME: _____ LICENSE # : _____

BUSINESS ADDRESS: _____

HVAC:

COMPANY NAME: _____ PHONE NUMBER: _____

INSTALLERS NAME: _____ LICENSE #: _____

BUSINESS ADDRESS: _____

PENALTY FOR VIOLATION OF ANY ZONING REGULATION

Any person or corporation who shall violate any of the provisions of the Carlisle Zoning Regulations or fail to comply therewith or with any of the requirements thereof, or who shall be guilty of a misdemeanor and shall be liable to a fine of not more than one hundred dollars (\$100.00). Each day such violation is permitted to exist shall constitute a separate offense. The owners or owners of any building or premises or part thereof where anything in violation of these regulations shall be placed, or shall exist, and any architect, builder, contractor, agent, person, or corporation employed in connection therewith and who may have assisted in the commission of any such violation, shall be guilty of a separate offense and upon conviction thereof shall be fined as hereinbefore provided.

APPLICATION FEE FOR A CERTIFICATE OF OCCUPANCY

An application fee for a Certificate of Occupancy and Compliance shall be twenty dollars (\$20.00), no part of which shall be refundable. A separate fee shall be required for replacement of a revoked Certificate upon satisfaction of the requirements of the Ordinance.

I certify that all information contained in the above applications and the attached drawing is true and correct to the best of my knowledge.

Signature of Applicant

Date

This application for building permit has been Approved Denied

Reason permit has been denied: _____

Enforcement Officer: _____ Date: _____

Enforcement Officer: _____ Date: _____

**CERTIFICATE OF OCCUPANCY
CITY OF CARLISLE, ARKANSAS**

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____

OWNER: _____

OWNER ADDRESS IF DIFFERENT FROM ABOVE:

OCCUPANT IF OTHER THAN OWNER: _____

TELEPHONE: _____ **FAX :** _____

ZONING DISTRICT : _____ **OK:** _____

CONDITIONAL USE PERMIT: _____

RESTRICTIVE COVENANTS: _____

BUILDING PERMIT: _____ **DATE:** _____

WATER INSPECTION: _____ **DATE:** _____

SEWER INSPECTION: _____ **DATE:** _____

IF NO SEWER, HEALTH DEPT. SEPTIC TANK PERMIT :

CURB CUT PERMIT IF ON STATE HIGHWAY: _____

COMMENTS: _____

**THE PROPERTY DESCRIBED ABOVE MAY BE LAWFULLY OCCUPIED FOR THE
INTENDED USE (_____).**

OFFICIALS SIGNATURE: _____ **DATE:** _____

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, AND HVAC. A PERMIT BECOMES NULL AND VOID IF THE AUTHORIZED WORK/CONSTRUCTION IS NOT COMMENCED WITHIN 6 MONTHS, OR IF WORK/CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS. ADDITIONAL REQUIREMENTS EXCEEDING STATE AND/OR FEDERAL CODES ARE LISTED BELOW BY CATEGORY:

ELECTRICAL

See attached ordinances

PLUMBING

Same as state codes

HVAC

- A. No more than 6 feet of flex duct shall be used under a house or in a crawlspace, with the exception of mobile homes, when approved by the authority having jurisdiction.
- B. Mechanically approved fittings are required for all turns.
- C. Mechanically approved fittings are required for takeoff.