



CITY OF CAMDEN

206 Van Buren St, N.E.
Post Office Box 278
Camden, Arkansas 71711
Ph# 870-837-5508 Fax 870-836-3369

Permit # _____

Receipt # _____

www.camden.ar.gov

APPLICATION FOR BUILDING PERMIT

Residential New / Addition

\$ _____ = Cond. Sq. Ft. @ \$0.08
\$ _____ = Un-Con. Sq. Ft. @ \$0.04
\$ _____ = Total Fee Based on Sq. Ft.
\$ _____ = Certificate of Occupancy

Ark const Ind. Ed. Act .50 per
\$1,000.00 max \$1,000.00

TOTAL PERMIT FEE

\$ _____

Commercial / Residential Remodel

Permit Fee Based on Cost = \$ _____
Arkansas Const. Ind. Ed. Act = \$ _____
Certificate of Occupancy = \$ _____
Sign Permit = \$ _____

Address of Site: _____ Addition: _____ Block: _____ Lot: _____

Property Owner: _____ Address of Owner: _____

Applicant Name: _____ Applicant Address: _____

Phone#: _____ E-Mail: _____ Other Contact Info: _____

Type of Occupancy: _____ Cost of Project: \$ _____ Square Footage _____

Set Back Requirements: Front _____ Rear _____ Side _____ Property located In SFHA: _____

Construction Type: _____ Occupancy load: _____ Use: _____ Class: _____ Sprinkler required: _____ Fire Dist: _____

Scope of Work: _____

(Please attach a sketch showing lot lines, existing structures and new Structure. Scale ¼ = 10 ft)

Contractor: _____ LIC#: _____

Address: _____ PH#: _____ FAX#: _____

E-Mail: _____ Occupational Licenses Paid: _____

Plumber: _____ LIC#: _____

Address: _____ PH#: _____ FAX#: _____

E-Mail: _____ Occupational Licenses Paid: _____

Electrician: _____ LIC#: _____

Address: _____ PH#: _____ FAX#: _____

E-Mail: _____ Occupational Licenses Paid: _____

HVAC: _____ LIC#: _____

Address: _____ PH#: _____ FAX#: _____

E-Mail: _____ Occupational Licenses Paid: _____

(NOTE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, GAS, AND MECHANICAL.)

APPLICANT'S SIGNATURE: _____ DATE: _____

(ALL WORK TO BE DONE UNDER THIS PERMIT AS A RESULT OF THIS APPLICATION MUST CONFORM TO ALL BUILDING REGULATIONS AND ZONING CODES AND MUST BE CONSTRUCTED AS SHOWN IN THIS APPLICATION. PERMIT EXPIRES 60 DAYS FROM APPROVAL DATE IF WORK DOES NOT COMMANCE OR WORK STOPS FOR MORE THAN 60 DAYS.)

Approved by: _____ Date: _____

Review by Department:	
Building: _____	Fire: _____
Water: _____	P.W. _____