

**COMMERCIAL
BUILDING PERMIT APPLICATION
CITY OF MALVERN**

DATE:		PERMIT#	
PROJECT ADDRESS:			
Work Description (Briefly Describe the Scope of Work)			
REQUIRED	SQUARE FT	VALUATION \$	
OWNERS NAME	STREET ADDRESS	CITY & ZIP	PHONE NUMBER
CIRCLE ONE:	OWNER	CONTRACTOR	OWNER-BUILDER ARCHITECT TENANT
CONTRACTORS NAME:	STREET ADDRESS:	CITY & ZIP	PHONE NUMBER
ARCHITECTS NAME:	ADDRESS:	PHONE NUMBER	
<p>THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE PLANS EXAMINER BEFORE THE PROCESS CAN PROCEED:</p> <p>ARKANSAS HEALTH DEPARTMENT REVIEW.</p> <p>TWO (2) FIRE INSPECTIONS REQUIRED BEFORE CERTIFICATE OF OCCUPANCY IS ISSUED.</p> <p>Three (3) FULL SETS OF COMPLETE PLANS AND SPECIFICATIONS ARE REQUIRED</p> <p>GROUP & TYPE OF BUILDING STAMPED AND SIGNED BY A REGISTERED ARCHITECT OR ENGINEER.</p> <p>TWO (2)MSDS REPORTS ARE REQUIRED (Material Safety Data Sheet)</p> <p>PLEASE BE ADVISED: A SEVEN (7) DAY WAITING PERIOD IS REQUIRED FOR PLAN REVIEW BEFORE A PERMIT WILL BE ISSUED.</p> <p>APPLICATION DOES NOT AUTHORIZE ANY CONSTRUCTION UNTIL PERMIT IS ISSUED: PERMIT WILL EXPIRE IN SIX MONTHS IF CONSTRUCTION HAS NOT BEGUN OR IF WORKS IS SUSPENDED OR ABANDONED WITHIN SIX MONTHS OF TIME WORK HAS BEGUN (SBC CO 104-6) ALL COMMERCIAL BUILDINGS MUST COMPLY WITH THE AMERICAN DISABILITIES ACT.</p>			
<p>FOR SIMPLE REPAIRS OR RENOVATIONS PLEASE SHOW A SIMPLE PLAT OF LOT WITH: dimensions of lot, the dimensions and location of existing buildings and the dimensions and location of proposed buildings, showing ALL setbacks and total coverage of property (Ordinance 601 Sec. 10.16.020). (It is understood that any permit will not grant any right or privilege to erect any structure or to use any premises herein described for any purpose or any manner prohibited by the Malvern City Zoning Ordinance). Please attach to application.</p>			

PROJECT VALUATION & FEE INFORMATION	
EACH PLAN CHECKING FEE SHALL BE AS FOLLOWS: (CONSTRUCTION EXCEEDS \$1000.00 AND A PLAN IS REQUIRED) MINIMUM----\$100.00 UP TO 1/2 PERMITS FEE NOT TO EXCEED \$500.00 X 3 =	
	\$
Building Dept----Fire Dept.---Water Works Dept.	
PERMIT FEE FOR NEW CONSTRUCTION .05 X SQUARE FT	
	\$
MINOR REPAIRS OR RENOVATIONS FEE SEE THE "BUILDING PERMIT RECOMMENDED SCHEDULE OF FEES"	
	\$
ALL COMMERCIAL ROOFING .05x SQUARE FT	
	\$
SUR-TAX *REQUIRED FOR ALL COMMERCIAL BUILDING PERMITS* .0005 X ESTIMATED VALUE OF JOB	
	\$
TOTAL FEE \$	
<u>ALL STATE AND FEDERAL LICENSING REGULATIONS MUST BE FOLLOWED</u>	
SIGNATURE OF APPLICANT _____	
PHONE NUMBER _____	
Fax: _____	
Email: _____	
BUILDING OFFICIAL _____	
NOTES	