



**CITY OF CAVE SPRINGS
COMMERCIAL BUILDING
PERMIT APPLICATION**

Date: _____
Permit #: _____
CSPC#: _____

Please Print using blue or black ink or type all data

Legal Description of Construction Property:

Lot	Block	Addition	Parcel#
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Construction Address: _____ Suite No. _____

Name of Buisness/BLDG/Complex: _____

Location of Occupancy in Facility: _____ Is this a Single-Tenant: Floor? Y N BLDG? Y N

No. of Plans: _____ No. of Pages of One Set of Plans & Specifications: _____

Architect/Designer: _____ Phone No.: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant: _____ Phone No.: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor: _____ Phone No.: _____

Type of Work: New Building Accessory Interior Remodel Exterior Remodel Addition Repairs No Expansion
 Shell Build-Out Storage Tanks Landscaping Other: _____

Nature of Use: Assembly Education Institutional Buisness Industrial Mercantile Jtility Multi-Family
 Storage Food or Beverage Related Other: _____

Describe Proposed Use in Detail: _____

Fire Suppression: Y N Type: Dry Wet Foam Sprinkler Standard: NFPA13 NFPA13R NFPA13D

Declared Valuation for Work to be done (Valuation to Include All Fixed Equipment to Operate and be Used): \$ _____

Is the Property Served with a septic system? Y N

Storm Shelter Exists/Will be installed on Property? Y N

Will You Require: Low-Point Beer Liquor License?

Is the City of Cave Springs taking any Enforcement Action on the Property? Y N **If Yes, Explain in Detail Below.**

Has there been any zoning Action in Relation to the property? Y N If Yes, Explain in Detail Below.

Are you Planning New Construction or Enlargement of Existing Construction (including parking)? Y N

Day Time Contact Person(s) for Plan Consultation	Title	Phone No	Fax No
Address:	City:	State:	Zip:
E-Mail Address:			

Exhibit the following details (when applicable) on the plans: use of adjacent spaces, key plan or overall floor plan with work clearly Identified, outside seating for restaurants etc., fire exit accesses and stairs locations, fire rating on existing demising, ceiling, corridor & fire walls, scales, dimensions, & north arrow * A separate Permit is required for driveways and signs*

All Electrical, plumbing, & mechanical work must be done by a licensed contractor in each trade.

Certification

I Certify That I Am One of the Following:

- Owner or Lessee of the Property on Which Permit Work Is to Be Performed.
- Agent of the Property Owner or Lessee for Which Permit Work Is to Be Performed.
- Licensed Engineer or Architect Employed in Connection with the Work.

If the Application is made by a Person Other than the Owner, One of the Following Must Be Provided:

- I Have Attached an Affidavit of the Property Owner for Which Permit Work Is to Be Performed.
- I Have Elected to Provide this Witnessed, Signed Statement.

Business Owner			
Last Name:	First Name:	Phone:	Fax:
Address:	City:	State:	Zip:
Email:			
Property Owner			
Last Name:	First Name:	Phone:	Fax:
Address:	City:	State:	Zip:
Email:			
Lessee			
Last Name:	First Name:	Phone:	Fax:
Address:	City:	State:	Zip:
Email:			
Corporate Officer			
Last Name:	First Name:	Phone:	Fax:
Address:	City:	State:	Zip:
Email:			

I do hereby attest that I am the property owner, or agent of the property owner, and have the authority to make application to build at this location.

Name of Applicant: (Print)	Signature: _____
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Subscribed and Sworn to Before Me this _____ Day of _____ 20_____.

My Commission Expires _____

Notary Public

Affidavit as to Easements, Dedications and Rights of Way

I, _____ Being Duly Sworn upon Oath, State That I Have Researched and Examined or Caused to Be Researched and Examined All Recorded Documents and Instruments Relating to Said Real Property, and That All Recorded Easements, Dedications and Rights of Way Are Known to Me and Are Delineated on the Plot Plan Which Is a Part of the Application for Building Permit for New Construction and/or Enlargements of an Existing Building. It Is Understood That Issuance of Such Building Permit Does Not Authorize or Permit Construction of a Permanent Structure over or upon Any Easement, Dedication or Right of Way.

Signature

Subscribed and Sworn to Before Me this _____ Day of _____ 20_____

My Commission Expires: _____

Notary Public _____

**BUILDING INFORMATION FOR REMODELING, ENLARGEMENT, &
CERTIFICATE OF OCCUPANCY PERMIT APPLICATIONS**

TOTAL HEIGHT OF BUILDING _____ TOTAL NUMBER OF STORIES _____ TOTAL NUMBER OF BASEMENT LEVELS _____

FLOOR AREA TO BE OCCUPIED: _____ SQ. FT. WIDTH: _____ FT. _____ IN. LENGTH: _____ FT. _____ IN

HEIGHT: _____ FT. _____ IN. BUILDING AREA: _____ SQ. FT.

IS EXISTING BUILDING TOTALLY SPRINKLERED? _____ PARTIALLY SPRINKLERED? _____

IF YES, EXPLAIN _____

APPROXIMATE DATES & PERMIT NO. OF FORMER PERMITS (IF KNOWN) _____

SHELL BUILD-OUT? Y N ARE YOU CHANGING USE OF THE BUILDING OR LAND? Y N IF YES, PLEASE DESCRIBE PREVIOUS USE: _____

NAME OF PREVIOUS BUSINESS _____

EXPECTED COMPLETION DATE: _____ EXPECTED DATE OF OCCUPANCY: _____

EXISTING CONSTRUCTION MATERIALS (PLEASE COMPLETE FOR EACH CONSTRUCTION TYPE)

- **EXTERIOR WALL FINISH:** *CMU BRICK/STONE VENEER EIFS WOOD SIDING METAL SIDING VINYL GLASS
- **EXTERIOR WALL STRUCTURE:** WOOD FRAME METAL STUD FRAME *CMU OTHER _____
- **INTERIOR WALLS:** *CMU BRICK/STONE GYP/METAL STUDS GYP/WOOD STUDS DEMOUNTABLE METAL PARTITIONS
 OTHER _____
- **CEILING TYPE:** ACOUSTICAL TILE PLASTER GYPSUM EXPOSED STRUCTURE/CONSTRUCTION OTHER _____
- **ROOF COVERING:** BUR MEMBRANE METAL WOOD COMPOSITION OTHER _____
- **ROOF DECKING:** METAL WOOD CONCRETE OTHER _____

EXISTING STRUCTURAL SYSTEM (PLEASE COMPLETE FOR EACH CONSTRUCTION TYPE)

- **FRAMING SYSTEM:** RIGID STEEL REINFORCED CONC. WOOD *CMU OTHER _____
- **BEARING WALLS:** *CMU BRICK STONE REINFORCED CONC. METAL STUDS WOOD STUDS OTHER _____
- **ROOF FRAMING:** CONC.SLAB/BEAM/TEE BAR JOIST WOOD TRUSS METAL TRUSS WOOD JOIST TENSION/MEMBRANE
- **FLOOR FRAMING:** CONC.SLAB/BEAM/TEES BAR JOIST WOOD TRUSS METAL TRUSS WOOD JOIST
- **FLOOR DECKING:** CONCRETE SLAB METAL DECK WOOD DECK OTHER _____

*CMU = CONCRETE MASONRY UNIT

PLEASE LIST BELOW ALL SUBCONTRACTORS ON THIS PROJECT:
