



**CITY OF HARRISON, ARKANSAS**  
**RESIDENTIAL BUILDING PERMIT APPLICATION**  
 HARRISON FIRE DEPARTMENT DIVISION OF COMMUNITY RISK REDUCTION  
 118 Industrial Park Road Harrison, AR. 72601  
 870-741-6384



*APPLICATION INSTRUCTIONS: Please fill this form out completely and submit all required information. If it is not completed or required information is not provided your application may be denied. ALL Information pertaining to your project is required to figure your permit cost for New Construction/Additions.*

**Project Information**

Application Date: \_\_\_\_\_, 20\_\_\_\_ Est. Construction Start Date: : \_\_\_\_\_, 20\_\_\_\_  
 Owner(s) Name: \_\_\_\_\_  
 Owner(s) Phone Number: \_\_\_\_\_ Owner(s) Email: \_\_\_\_\_  
 Site Address: \_\_\_\_\_ Suite/Unit Number: \_\_\_\_\_

**Pre-Permitting Questions**

Do you have Large Scale/Small Scale Development approval? Yes  No  N/A  *Provide copy of approval letter*  
 Have you applied for sewer and water tap? Yes  No  N/A  *Provide copy of approval letter*  
 Have you had your Pre Construction meeting with the Community Risk Reduction Division? Yes  No  N/A  *Date of Meeting* \_\_\_\_\_

**Building Information**

Class of Work: New Construction  Remodel  Addition  Detached Building   
 Total Sqft: \_\_\_\_\_ Number of Levels: \_\_\_\_\_ Basement: \_\_\_\_\_ Main Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_  
 Occupancy Type: \_\_\_\_\_ Number of Units: \_\_\_\_\_ Used For: \_\_\_\_\_  
 Construction Type: IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB   
 Value of work: \$ \_\_\_\_\_ Size of Bldg. or Additions: Length x Width: \_\_\_\_\_  
(Figured from ICC Calculation Table)  
 Material to be used: \_\_\_\_\_

**Zoning Information**

Zoning District: \_\_\_\_\_ Lot Front on Public Street? Yes  No   
 Lot Width: \_\_\_\_\_ Lot Length: \_\_\_\_\_ Total Lot Sqft. \_\_\_\_\_  
 Front Yard Set Back: \_\_\_\_\_ Side Yard Set Back: \_\_\_\_\_ Rear yard Set Back: \_\_\_\_\_  
 Side Yard Interior Set Back: \_\_\_\_\_ Est. Cost, Incl. Plbg., Elect., and Lot: \$ \_\_\_\_\_

**Contractors Information**

Company Name: \_\_\_\_\_ Contractor's State Lic. Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person(1): \_\_\_\_\_ Contact Person (2): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Separate permits are required for plumbing, electrical, and mechanical. This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for 6 months at any time after work is commenced. If the project is located in (SFHA) an application to develop must be completed prior to issuance of a building permit. I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of law and ordinances and ordinances governing this type of work will be complied with whether specified herein or not. The granting or a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I certify that the property lines and setbacks as listed on the application are true and correct, and if not I assume full responsibility for correcting them. Scheduling an inspection request must be made to our office within 24 hours of the inspection needing to be done. Any request without a 24 hour notice shall be considered an emergency inspection and may result in additional fees.*

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Inspector's Signature: \_\_\_\_\_ Reviewed Date: \_\_\_\_\_  
 Building Permit Number: \_\_\_\_\_



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Instructions for Completion:

- All information must be filled in and signed prior to acceptance by the Building Official.
- Electrical, plumbing, H.V.A.C. and gas contractors are required to apply for their respective trade permits.
- As soon as you hire a Sub-Contractor the Sub-Contractor must complete a separate application.***
- Prior to issuance of a building permit, plan reviews shall be completed by this office, public works department with appropriate plan review fee remitted to this office.

Plan Review Fee's are a base charge of \$100.00 plus \$15.00 per page.

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Non-Resident Plan Requirements for the City of Harrison, Arkansas

1. Three (3) complete sets of building plans shall be submitted to the Code enforcement Office/Building Official with a completed application for plan review.
  2. Five (5) completed civil site plans shall be submitted prior to submission of building plans.
  3. Any Non-Residential site plans more than two (2) acres, or two (2) or more buildings, or an aggregated building size of 10,000 square feet or more shall conform to the Harrison Sub Division Rules and Regulations. Section 1.5 and seventeen (17) copies shall be filed with the Code Enforcement Office/Building Official twenty one (21) days prior to the next regular scheduled Planning Commission meeting date. Planning Commission meeting dates are on the 4<sup>th</sup> Tuesday of each month.
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Building Plan Requirements:

1. Cover sheet shall contain the following:
  - A. Occupancy Classification & Building Type.
  - B. Seismic Design for footing and building engineered to the IBC and conforming to Zone 1 of Act 1100, Arkansas Seismic Design.
  - C. Design Codes used in development and current adoption issue:
    - i. Arkansas Fire Code
    - ii. International Building Code.
    - iii. Arkansas Plumbing Code
    - iv. Arkansas Mechanical Code
    - v. National Electrical Code
    - vi. Life and Safety Code NFPA 101
    - vii. Total square footage of building including all floors
    - viii. Total number of proposed parking spaces/ including ADA vs. total amount required by Harrison Zoning Regulations.
    - ix. Occupants loading.



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2. Building Plans:
  - A. Complete floor plans.
  - B. Elevations
  - C. Structural plans including footing.
  - D. Emergency lighting and ingress/egress.
  - E. All required scheduling.
  - F. Completed Electrical plans.
  - G. Completed HVAC (Mechanical) plans.
  - H. Complete Plumbing plans with letter of approval from Arkansas state Plumbing Division.
  - I. Sprinkler and or Fire Alarm Plans shall be submitted to this office for review. This office shall approve Backflow Preventer devices.
  - J. Square footage of building.
  - K. Parking required/including ADA as required by Harrison Zoning Regulations. Section 14.20.08

All architectural and engineering plans shall be stamped and signed by a registered professional with necessary documentations as required by Arkansas Fire Prevention Code, Section 106.1.7

***All Sub- Contractors shall be licensed within the state of Arkansas in their respective fields of work.***

Civil Plans (as required)

1. Site plan with:
  - a. Property survey with locations of proposed building on property.
  - b. Topographical, existing and proposed improvements.
  - c. 2' intervals, existing and proposed contours.
  - d. Bench mark.
  - e. Drainage review and designed as required.
  - f. Existing and proposed utilities.
  - g. Water, gas, electric and sewer connections with locations of meters.

***Note: Shop Drawings and addendums submitted after original plans after original plans shall be calculated as \$10.00 per page. Shop Drawings shall include, but or not limited to sprinkler plans, special construction modules or other drawing submitted for special review by the Code Enforcement Official/Building Official.***



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**Plan Review Application**

Application Instructions: **Read before completing application.**

1. One COMPLETE set of construction documents in PDF (digital) form to include specifications are required for review. *All files must be combined into one PDF file and may be emailed to [jsansing@harrisonar.gov](mailto:jsansing@harrisonar.gov) or delivered in person with two paper copies to Community Risk Reductions Division located at 118 Industrial Park Road.*
2. Plan review fee is due at the time of plan submission. **Information in RED is required to figure your permit cost for New Construction/Additions.**

**PROJECT INFORMATION**

Permit Number: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Project/Tenant Name: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\* You will be required to obtain and submit an address verification letter from Boone County 911 Addressing on all new construction prior to submitting your permit – this will include suite numbers as well. 911 Addressing can be reached by calling 870-741-1632. 911 address shall be posted on site location and visible during construction.\*\***

**BUILDING INFORMATION**

Class of Work: New Construction  Remodel  Addition  Detached Building

Occupancy Type: \_\_\_\_\_ Total Sqft: \_\_\_\_\_ Building Height: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Construction Type: IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

If mixed use, will use be: Separated  Non-Separated

Additional occupancy type if mixed use: \_\_\_\_\_

Additional SQFT of each occupancy type: \_\_\_\_\_

Sprinklers: Yes  No  Type: NFPA 13  NFPA 13D  NFPA 13R

Valuation of Work: \$ \_\_\_\_\_ (figured from ICC Valuation Table)

**OWNER INFORMATION**

Owner(s) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address : \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ARCHITECT INFORMATION**

Architect Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address : \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Inspector's Signature: \_\_\_\_\_ Reviewed Date: \_\_\_\_\_



**PLAN REVIEW CHECK LIST**

\*This must be checked off and turned in with submittal\*

Project Address: \_\_\_\_\_

**TWO PAPER AND ONE DIGITAL SET OF PLANS TO INCLUDE:**

Yes No N/A

1.    Original seals and signatures (AR Registered Design Professional) on all sheets
2.    Zoning approvals, variances and determination letters
3.    Planning approval
4.    Plumbing approval letter from State Health Department.
5.    Index Sheet/Cover Page on each set of plans – this is to include the CORRECT address and suite number that pertains to the job. Addresses need to be obtained from Boone County 911 addressing.
6.    Code Analysis (change of use should indicate previous use and new use)
7.    Site Plans (site plans are not required for interior work except first floor tenant, solar installations or rooftop equipment)
8.    Soils Report and Foundation Plans (required for new buildings or additions to existing buildings)
9.    Mechanical Plans (equipment schedule, mechanical symbols, hood details with exhaust locations)
10.    Electrical Plans (riser diagrams, electrical symbols, equipment schedules)
11.    Plumbing Plans (fixture schedule, riser diagram, details for special devices)
12.    Architectural Plans (dimensioned for each floor level, layouts, fire rated assemblies must have a UL design)
13.    Structural Plans (floor and roof framing plans)
14.    Energy Plans (energy calculations, specifications and details)
15.    Accessibility Plans (ingress, egress, areas of refuge facilities and elevations, hardware, ramps, etc.)

I am indicating that all of the above items have been included in the submission of the plans for this project. Additionally, I acknowledge that should any of the required items be missing or be deficient, the plans may, at the sole discretion of the reviewer, be returned to me for resubmission.

Initials of Applicant: \_\_\_\_\_