



**City of Bryant, Arkansas**  
Community Development  
210 SW 3<sup>rd</sup> Street Bryant, AR 72022  
501-943-0488, [Comdev@cityofbryant.com](mailto:Comdev@cityofbryant.com)

## General – Permit Application

*Please complete both pages of this application and submit to the City of Bryant Permitting office, located at the address above.*

*Completed applications can also be scanned and emailed to [Comdev@cityofbryant.com](mailto:Comdev@cityofbryant.com).*

Date: \_\_\_\_\_

### Permit Type:

\_\_\_\_\_ Electrical Permit

\_\_\_\_\_ Remodel Permit

\_\_\_\_\_ Burn Permit

\_\_\_\_\_ Plumbing Permit

\_\_\_\_\_ Demolition Permit

\_\_\_\_\_ Site Clearance Permit

\_\_\_\_\_ Mechanical Permit

\_\_\_\_\_ Accessory Building Permit

\_\_\_\_\_ Mobile Home Permit

Other if not listed above \_\_\_\_\_

### Contractor Information:

Contractor/Owner \_\_\_\_\_

Physical Address of Business \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Mailing Address (If different from Above) \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Email Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Contact Information:

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Project Information:

Project Address/Location \_\_\_\_\_

Project Cost \_\_\_\_\_ Commercial or Residential? \_\_\_\_\_

Square footage (If Applicable) \_\_\_\_\_

If new addition, will foam insulation be used? No \_\_\_\_ Yes \_\_\_\_ If "Yes", provide technical evaluation report on foam insulation type, and a copy of installer's certification. (Attach to application when submitted)

Additional Project Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requirements for New Contractors: Please provide copies of the following to application when submitting.**

**State License:** License #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Privilege or Business License:** City \_\_\_\_\_ License #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

**\$1,000 Bond for City of Bryant:** Name \_\_\_\_\_ License #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Please List all/any Subcontractors (Required):**

Business Name	Subcontractor Type	Contact Person	Email	Phone

**READ CAREFULLY BEFORE SIGNING**

I \_\_\_\_\_, do hereby certify that all information contained within this application is true and correct. I understand that I must comply with all City and State Codes and City Ordinances. It is my responsibility to obtain any additional necessary permits required.