CITY of OSCEOLA

303 West Hale | P.O. Box 443 Osceola, Arkansas 72370



Residential **Building Permit**

Office Use Only:								
Permit Numb	er	Zone	Fee \$					
PROPERTY INFORMA	TION:							
Property Address:								
Legal Description: Lot Nu		ek: Additi	on:					
BUILDING INFORMAT								
Total Sq. Ft.:	Heated Sq.	Ft.:	No. of Stories:					
Setbacks: Front:	Back:	Side:	Side:					
OWNER INFORMATION								
Owner Name:		Phone Number:						
Address:	City/State/Zip:							
CONTRACTOR INFOR	RMATION:							
Contractor:		Contact Person:						
Address:		City/State/Zip:						
Email Address:	Phone Number:							
Arkansas License Number	r:							
TYPE OF WORK:								
☐ New Home	☐ Addition	☐ Remodel	☐ Accessory Buildir	ng				

Description of Work:								
REQUIRED MINIMUM PROPERTY LINE SE	ET-BACKS FOR	R RESIDENTIA	L APPLICATION	ONS				
Variances from set-backs must be preapproved by the planning commission.	ZONE	R-1	R-2	R-3				
planning commission.	Front	30'	25'	25'				
For required Commercial set-backs, see zoning code.	Rear	25'	20'	20'				
	Side	12'	10'	7'				
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 a period of 6 months at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.								
I UNDERSTAND THAT SIDEWALKS ARE A REQUI 1992-661 AND THAT I MUST ABIDE BY LOCAL, PERTAINING TO THE ABO	STATE AND F	EDERAL REG	ULATIONS AN					

Building Permit Fee: \$7.00 basic fee plus \$0.03 per square foot of building space

Signature of Owner or Contractor: ______ Date: _____

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