

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 $\underline{Comdev@cityofbryant.com}$.

Date:			
Permit Type:			
Electrical Permit	Remodel Per	mit	Burn Permit
Plumbing Permit	Demolition P	ermit	Site Clearance Permit
Mechanical Permit	Accessory Bui	llding 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			
Project Information:			
Project Address/Location			
Project Cost	Commercial	or Residential?	-
Square footage (If Applicable)			
If new addition, will foam insulation be u	sed? No Yes	If "Yes", provide tech	hnical evaluation report on foam
insulation type, and a copy of installer's o	certification. (Attach to	application when submi	itted)
Additional Project Information			

Requirements for New Contra	ctors: Please provide	e copies of the following	ng to application when sub	mitting.	
State License: License #:		Exp. Date			
Privilege or Business License: City\$ \$1,000 Bond for City of Bryant: Name		License #:			
		License #:			
Please List all/any Subcon	tractors (Requi	red):			
Business Name	Subcontractor	Contact Person	Email	Phone	
	Туре				
READ CAREFULLY BEFORE S	IGNING				
I	,	do hereby certify th	at all information contain	ned within this	
application is true and correct. I u It is my responsibility to obtain an	nderstand that I mu	ist comply with all Ci	ty and State Codes and C		