

New Construction – Permit Application

For both new contractors and system updates for existing contractors.

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.

Date:				
Contractor Information:				
Contractor Type: General Elec	ctrical Pl	umbing	HVAC	
Contractor				
Physical Address of Business				
City, State, Zip code				
Mailing Address (If different from Above)	<u> </u>			
City, State, Zip code				
Email Address				
Phone	Cell Ph	one		
Contact Information:				
Contact Person				
Title				
Email Address				
Phone	Cell P	hone		
Project Information:				
Project Address				
Lot and Subdivision				
Project Cost "He	eating and Cooled"	SQFT	"Under-Roof" SQFT	
Is building insulation foam? No Y	es If "Yes", p	provide technica	al evaluation report on foam insulation type,	and a
copy of installer's certification. (Attach to	application when	submitted)		
Requirements for New Contractor	rs: Please provide	copies of the fo	ollowing to application when submitted.	
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 Subcontractors (Required):

Business Name	Subcontractor Type	Contact Person	Email	Phone

READ CAREF	ULLY BEF	ORE SI	GNING
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I, do hereby certify that all information contained within th	is
application is true and correct. I understand that I must comply with all City and State Codes and City Ordinanc	es.
It is my responsibility to obtain any additional necessary permits required.	