## **CITY OF LONOKE**

## **ACCESSORY BUILDING PERMIT APPLICATION**

Name of App	licant: Phone #:
Address or Le	gal Description:
Type of Buildir	ng: Contractor's License #:
(State law now a licensed con	requires <u>all</u> work (this includes materials and labor) over \$2,000 to be performed by tractor unless the homeowner is completing the work themselves.)
ZONED:	R-1 R-2 R-3 R-MH Other
IS	THERE A BILL OF ASSURANCE FOR THIS AREA? YES NO
IS THIS PROPER	TY LOCATED IN A DESIGNATED FLOOD WAY?
Foundation:	Concrete Brick Stone Blocks Other:
Outside Walls:	☐ Wood ☐ Brick ☐ Stone ☐ Blocks ☐ Metal ☐ Other:
Inside Walls:	☐ Wood ☐ Sheetrock ☐ Plaster ☐ Other:
Floor:	☐ Hardwood ☐ Concrete ☐ Tile ☐ Other:
Roof:	☐ Wood Shingle ☐ Asphalt Shingle ☐ Tile ☐ Composition ☐ Other
Building Size:	Length Width Total Floor Area:Square Feet
	ter Connections Needed Number of Sewer Connections Needed uired Sprinkler Meter Required When
YOUR	ESTIMATED TOTAL COST OF ENTIRE PROJECT: \$
6-98, Standard	gnature below, I agree to abide by City of Lonoke Ordinance #434, adopted 7-d Building Codes. No work shall be covered up until inspected by the erson(s). Failure to comply will result in the builder removing all necessary spection.
DATE:	Signature of Applicant:

PERMIT #

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A <u>full</u> set of plans or drawings must accompany this application, if applicable.

A survey must also be attached to this application showing the following:

- 1. All street names <u>bordering</u> the property.
- 2. Lot size.
- 3. Any open/closed alleys bordering the property.
- 4. Any utility easements.
- 5. Water meters and water and sewer lines to the structure.
- 6. Any other buildings or structures on the lot.
- 7. Distances— (Must show)
  - a. Front of building to property line.
  - b. Side of building to edge of property line.
  - c. Back of building to edge of property line.

#### Keep in mind...

- 1. **ALL** structures must be within the following limits:
  - a. Front setback is same as Zoning District.
  - b. An accessory building must be placed **behind** the principal structure.
  - c. Side of structure (with eave) for corner/side-street is same as zoning district.
  - c. Side of structure (with eave) for interior must be 5 feet from side property line for All Zones.
  - d. Set back is 5 feet from rear property line (All Zones)
- 2. Any structure erected over utilities is subject to removal if needed to repair the lines. Replacement is at the property owners expense.
- 3. Accessory buildings shall be clearly incidental to the main building on the lot. Accessory buildings in excess of 800 square feet or forty (40%) percent of the size of the main building shall require a Conditional Use Permit. Accessory buildings <u>must</u> be located at least 10 feet from the principal building eave unless the accessory building has a one hour fire rating on the wall nearest the principal building.

## **APPLICATION APPROVAL**

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BUILDING INSPECTOR		1. 11.	FIRE CHIEF (As Applicable
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### CITY OF LONOKE

# ACCESSORY BUILDING PERMIT APPLICATION FFF

	<u>AMOUNT</u>	RECEIPT#	<u>DATE</u>	<u>CLERK</u>
Building Permit Fee Collected				
State Sur Charge Callected				
State Sur Charge Collected				
Water Connection Fees				
Sewer Connection Fees				
Sewer Connection rees	•	, .		
Plumbing Inspection Fees	·			
Electrical Inspection Fees				
Liecinca inspection rees				
HVAC Inspection Fees				
CON				

# ONIKACIOKS INFORMATION **PLUMBING:** COMPANY NAME: \_\_\_\_\_ PHONE NUMBER:\_\_\_\_\_ PLUMBERS NAME: \_\_\_\_\_\_ LICENSE #:\_\_\_\_\_ BUSINESS ADDRESS: **ELECTRICAL**: COMPANY NAME: \_\_\_\_\_\_ PHONE NUMBER:\_\_\_\_\_ ELECTRICIANS NAME: \_\_\_\_\_\_ LICENSE #:\_\_\_\_\_ BUSINESS ADDRESS: HVAC: Manual J Submitted Yes \_\_\_\_ No \_\_\_\_ COMPANY NAME: \_\_\_\_\_\_ PHONE NUMBER:\_\_\_\_\_ INSTALLERS NAME: \_\_\_\_\_\_ LICENSE #:\_\_\_\_\_ BUSINESS ADDRESS: All work must be completed by licensed contractors and in accordance with all NOTE: applicable Federal, State and Local laws and ordinances. Failure to comply with these regulations may result in fines and/or removal of all building materials necessary to complete the proper inspections.

	M	AND DESCRIPTION OF THE PERSON	E TOTAL STATE OF	#	: