

# Plan Review Permit

City of Rogers  
Risk Reduction  
113 N 4<sup>th</sup> St  
Rogers, AR 72756  
(479)-621-1100



Application Instructions: READ BEFORE COMPLETING APPLICATION

1. One COMPLETE set of construction documents in PDF form (to include specifications) are required for review. *All files must be combined into one PDF file and may be emailed to - [planreview@rogersar.gov](mailto:planreview@rogersar.gov).*
2. The plan review fee is due at the time of plan submission. **Information in RED is required to figure your permit cost for New Construction/Additions.**

## PROJECT INFORMATION

PERMIT NUMBER: \_\_\_\_\_

Property Address: \_\_\_\_\_ Suite/Unit Number: \_\_\_\_\_

Project/Tenant Name: \_\_\_\_\_

**\*\* You will be required to obtain and submit an address verification letter from Benton County 911 Addressing on all new construction prior to submitting your permit - this will include suite numbers as well. They can be reached by calling 479-271-1085\*\***

## BUILDING INFORMATION

Class of Work: New Construction  Addition  Remodel/Tenant In-fill  Accessory Structure

\*Occupancy Type: \_\_\_\_\_ \*Total Floor Area: \_\_\_\_\_ Building Height: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

\*Construction Type: IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

If mixed use, will use be: Separated  Non-Separated

Additional occupancy type if mixed use: \_\_\_\_\_

Additional SQFT of each occupancy type: \_\_\_\_\_

Sprinklers: Yes  No

Sprinkler Type: NFPA 13  NFPA 13D  NFPA 13R

Valuation of Work: \$ \_\_\_\_\_ (Figured from ICC Valuation Table)

## OWNER INFORMATION

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

## ARCHITECT INFORMATION

Architect: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Cash  Credit Card  Check  Check # \_\_\_\_\_ Total Due: \$ \_\_\_\_\_

# COMMERCIAL BUILDING PERMIT

## PLAN REVIEW CHECKLIST

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**\*THIS MUST BE CHECKED OFF & TURNED IN WITH SUBMITTAL\***

PROJECT ADDRESS: \_\_\_\_\_

### ONE PAPER AND ONE ELECTRONIC SET OF PLANS TO INCLUDE:

Y    N    NA

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Original seals and signatures (AR Registered Design Professional) on all sheets   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Zoning approvals, variances and determination letters   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Planning approval - signed LSD letter or waiver   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PDF submitted to Rogers Water Utilities - email to: <a href="mailto:stephenponder@rogersar.gov">stephenponder@rogersar.gov</a>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing approval letter from State Health Dept   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Index Sheet/Cover Page on each set of plans - this is to include the <b>CORRECT</b> address and suite number that pertains to the job. Addresses need to be obtained from Benton County 911 Addressing (479)271-1085. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Code Analysis (change of use should indicate previous use and new use)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Site Plans (site plans are not required for interior work except first floor tenant or rooftop equipment)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soils Report and Foundation Plans (required for new buildings or additions to existing buildings)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mechanical Plans (equipment schedule, mechanical symbols, hood details with exhaust locations)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Plans (riser diagrams, electrical symbols, equipment schedules)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing Plans (fixture schedule, riser diagram, details for special devices)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Architectural Plans (dimensioned for each floor level, layouts, fire rated assemblies must have a UL design)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Structural Plans (floor and roof framing plans)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Energy Plans (energy calculations, specifications and details)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Accessibility Plans (ingress, egress, areas of refuge facilities and elevations, hardware, ramps, etc)  |

I am indicating that all of the above items have been included in the submission of the plans for this project. Additionally, I acknowledge that should any of the required items be missing or be deficient, the plans may, at the sole discretion of the reviewer, be returned to me for resubmission.