



CAPITOL ZONING  
DISTRICT COMMISSION

# CAPITOL ZONING DISTRICT COMMISSION PERMIT APPLICATION

**PROPERTY ADDRESS** \_\_\_\_\_

**PROPERTY OWNER** \_\_\_\_\_

**PERSON FILING APPLICATION** \_\_\_\_\_

*if other than owner, complete the Authorization of Representation statement provided.*

**APPLICANT PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Signature certifies that applicant is authorized to represent this property, and that all information presented in this application, as well as in any supporting materials, is true and correct to the best of the signatory's knowledge.*

## DESCRIPTION OF PROPOSED WORK

**This application is for general work.**

*Attach as many pages or supporting materials as necessary (see attached for more information). An application is not complete and will not be scheduled for Commission review until all applicable supporting materials have been submitted to staff. Electronic submittals (email, scanned documents, PDFs, digital images, etc.) are welcome. You may submit the application in person or by mail at 1100 North St., Little Rock, AR, or via email at [capitol.zoning@arkansas.gov](mailto:capitol.zoning@arkansas.gov). Please call 501.324.9644 for assistance.*





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## AFFIDAVIT

I, \_\_\_\_\_ certify by my signature below that I  
hereby authorize \_\_\_\_\_ to act as my agent regarding  
the \_\_\_\_\_ of the below described property.

Property described as:

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\_\_\_\_\_  
Signature of Title Holder

\_\_\_\_\_  
Date

Subscribed and sworn to me a Notary Public on this \_\_\_\_\_ day of

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_

