



P.O. Box 505
Monticello, AR 71655
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Occupancy Permit Application

DATE OF APPLICATION _____ PERMIT # _____ PAID _____ RECEIPT # _____

The undersigned hereby applies for an Occupancy Permit for the following use of a building or land and agrees to comply with all city building regulations, permitting requirements, and ordinances.

Occupant _____

Owner or Agent _____

Mailing Address _____

Phone number _____

I certify that the building or land described above will be occupied solely for the following use:

Single Family _____ Multi-Family _____

Business _____ Type _____

Institutional _____ Type _____

Signature of Applicant _____ Date _____

Occupancy Permit

All applicable permits and regulations of the City of Monticello have been complied with.

Reviewed by _____

Electrical Inspector _____

Plumbing Inspector _____

Fire Chief _____

Approved _____, Fire Marshal

Date _____