CITY OF FORT SMITH, ARKANSAS
REQUEST FOR TEMPORARY REVOCABLE LICENSE

APPLICATION:

Indicate one contact person for application: _____Applicant _____Representative

Applicant (owner) | *Representative (engineer, attorney, realtor, etc)*

Name: _____ Name: _____

Address:_____ Address:_____
_____ _____
_____ _____

Telephone Number: _____ Telephone Number: _____

E-Mail: _____ E-Mail:_____

Site Address/Location:_____

Legal Description of area for which Temporary Revocable License is requested: attach separate sheet if necessary):_____
_____
_____
_____

Reason for Request: _____
_____
_____
_____

APPLICANT/REPRESENTATIVE: I certify under penalty of perjury that the foregoing statements and answers herein made, all data, information, and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that submittal of incorrect or false information is grounds for invalidation of application completeness, determination, or approval.

Name: (printed) _____

Signature: _____Date: _____

Property Owner(s)/Authorized Agent: *I/we certify under penalty of perjury that I am/we are the owner(s) of the property that is subject of this application and that I/we have read this application and consent to its filing.*

Note: If application is signed by authorized agent, all owners must sign and submit "Authorization of Agent" form.

Application Checklist:

☐   Metes and Bounds legal description of the area for which Temporary Revocable License is requested (Provide hard copy and CD containing legal description in MS Word)

☐   Hard copy and PDF of survey of the site depicting the perimeter property lines and area for which Temporary Revocable License is requested with dimensions shown of proposed structure.

☐   Dimensioned drawing showing elevations of structure to be located in area for which Temporary Revocable License is requested.

☐   Application Fee of $150.00. This fee is non-refundable.

AUTHORIZATION OF AGENT

       If an agent is acting on behalf of the owner(s), all owners must sign in the space provided. This form is necessary only when the person representing this request does not own all the property.

       We the undersigned, being owners of real property, authorize _____
to act as our agent.   (Print Name of Agent)

(Type or clearly print)

  NAME & ADDRESS OF ALL OWNERS.   SIGNATURE OF ALL OWNERS.

1. _____   _____

   _____

   _____

2. _____   _____

   _____

   _____

3. _____   _____

   _____

   _____

4. _____   _____

   _____

   _____