



CAPITOL ZONING  
DISTRICT COMMISSION

# CAPITOL ZONING DISTRICT COMMISSION PERMIT APPLICATION FOR ALTERATIONS

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 alterations on existing buildings that do not change the footprint of the building or add space to the building.**

*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.*

**INSTRUCTIONS ON NEXT PAGE:**



Capitol Zoning District Commission  
1100 North Street • Little Rock, AR 72201



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## Work on Existing Buildings

Please describe all the work you are proposing to do, including the following:

- 1) Description of proposed work
- 2) Location of all work on the building
- 3) Photos of existing building—overall photos of building and photos of areas of proposed work
- 4) Detailed photographs of the areas for which work is proposed if changes will be made and/or elements will be reconstructed, whether or not you intend to change any materials and/or design elements
- 5) If alterations are proposed, drawings (preferably scaled drawings or drawings with measurements marked on them) showing the proposed end designs.
- 6) If alterations in materials are proposed, please list the proposed replacement materials.
- 7) If any replacement of features (doors, windows, etc.) is proposed, please include photographs of the existing features and photographs, and drawings and/or manufacturers' specifications for the proposed replacements.
- 8) Dimensioned drawings or other clear depictions of any proposed alterations and identification of their proposed location on the building
- 9) If there are missing features to be replaced, drawings of the proposed replacements or photos of elements that will be replicated
- 10) If this is a restoration based on historical documentation, copies of the historic plans or photographs being used
- 11) For re-roofing work that involves only replacement of shingles, state there will be no change in materials and the color of the proposed new shingles

**Please note that the permit issued will be limited to the design described in the application materials submitted and stamped. A permit for replacement or repair of features “in kind” means in the same materials (e.g., wood for wood, brick of the same type, composition and color, etc.). A permit for replacement or repair “to the same appearance” or similar means a replica of the original or existing feature. Any changes to design, location, or other details will require consultation with CZDC staff.**

**The staff is pleased to help you make sure your project proceeds as smoothly as possible and that no misunderstandings arise. Investing time in making sure both the staff and the property owner are clear on what work is planned and what work has been approved before work starts is the best way to head off misunderstandings or costly mistakes.**





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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:

\_\_\_\_\_

