



## APPLICATION FOR COMMERCIAL BUILDING & ZONING PERMIT - INCLUDES MULTI-FAMILY 3+ UNITS

Planning & Zoning, P.O. Box 1845, Jonesboro, AR 72403 – (870) 932-0406, fax (870) 933-4668 www.jonesboro.org

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(OFFICE USE ONLY) PERMIT NO. ISSUED:				DATE: 08/17/16	
Property Information:				Parcel No. (if known) <b>01-144083-02200</b>	
Address: 1110 Belt Street	City: Jonesboro, AR 7240		72401		
Zoning Classification: RM-8; L.U.O.					
Please describe proposed use: <b>Duplex Development</b>		/			
Applicant's Name: Civilogic, Inc.		***************************************			
Address: 203 Southwest Drive					
City: Jonesboro	State: AR			ZIP Code: <b>72401</b>	
Phone: (870) 932-7880	Email Address: GEORGE@CIVILOGIC.NET				
Arkansas Contractor License #:	Privilege #:				
Owner's Name: (If Same, Input Same) G Enterprise	es, LLC (Marque	Mealing	, Owner	·)	
Address: 2003 Greensboro Road		and the second second			
City: Jonesboro	State: AR ZIP Code: 72401				
Phone: <b>(870) 930-7695</b>	Email Addres	s: mealin	g@sbcg	lobal.net	
Three (3) Copies of Site Plan: Yes / No (Please circle)	Three (3) Complete Set of Construction Documents: Yes / No (Please circle)				
Type of Construction:		Code Review Included: Yes / No (Please circle)			
Seismic Zone #3 Signed Certification: Yes / No (Please cit	rcle)				
Engineering Firm: CIVILOGIC, INC.					
Engineer's Certification and Signature: <b><u>Yes</u> /</b> No (Please	circle)	Phone	e: <b>(870)</b>	(870) 932-7880	
Address: 203 SOUTHWEST DRIVE	City: JONES	BORO	State	: AR 72401	
Architectural Firm:					
chitect's Certification and Signature: Yes / No (Please circle)		Phone	Phone:		
Address:	City:	State:			
CONTRACTED PRICE OF PROJECT: \$					
FOI	R OFFICE USE O	NLY			
Flood Plain: Yes / No (Please circle)				Flood Zone District:	
Elevation Certificate Required: Yes / No (Please circle)					
FEMA CLOMA/LOMA Required: Yes / No (Please circle)	GF Issuance:			Certificate #:	

TYPE OF IMPROVEMEN	III:	PROPOSED USE	PROPOSED USE:		
New Building: XX		Multi-Family: XX (	Multi-Family: XX (Duplexes)		
Addition:		Institution:	Institution:		
Interior Alteration:		Assembly:	Assembly:		
Demolition:		Industrial:	Industrial:		
Moving:		Business:	Business:		
Foundation Only:		Storage:	Storage:		
Change of Use:		Mercantile:	Mercantile:		
Sign: XX		Hazardous:	Hazardous:		
Site & Drainage/Grading Pe	ermit: <b>XX</b>				
Other:					
	СОМ	MENTS (OFFICE USE ONLY)			
Planners Remarks:					
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eview Status: certify that the answers to	ks: Engineering Dept.: <b>APPI</b>	LICANT'S CERTIFICATION	Building Dept.:  are true and complete to the best of my		
Engineering Remarks:  Building Department Remark  Beview Status:  Coning Dept.:  Certify that the answers to nowledge.  Fint Name: GEORGE HAM	ks:  Engineering Dept.:  APPL the above questions and	LICANT'S CERTIFICATION	are true and complete to the best of my		
	ks:  Engineering Dept.:  APPL the above questions and	any statements made on same  Designation: CIVIL	are true and complete to the best of my  Phone/Fax: (870) 932-7880 (0)		