

City of

ORIGINAL

Jonesboro

ARKANSAS

SP17-246

Grading




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) 336-3036
www.jonesboro.org

(OFFICE USE ONLY) PERMIT NO. ISSUED: SP17-246		DATE:	
Property Information		Parcel No. (if known)	
Address: 1500 Kathleen St		City: Jonesboro	
Zoning Classification: R6			
Please describe proposed use: Multi-family			
Applicant's Name: McKnight Falls, LLC			
Address: 2729 E. Nettleton Ave. Suite E			
City: Jonesboro	State: AR	ZIP Code: 72401	
Phone: 870-243-5779	Email Address:		
Arkansas Contractor License #:	Privilege #:		
Owner's Name: (If Same, Input Same) Same			
Address:			
City:	State:	ZIP Code:	
Phone:	Email Address:		
Asbestos Requirement (State of Arkansas): State regulations require contractors to have lead and asbestos inspections prior to renovation or alterations of commercial structures. You are required to contact: Arkansas Department of Environmental Quality (ADEQ) at: 501-682-0718.			
Three (3) Copies of Site Plan: <input checked="" type="radio"/> 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 circle)			
Engineering Firm:			
Engineer's Certification and Signature: Yes / No (Please circle)		Phone:	
Address:	City:	State:	
Architectural Firm:			
Architect's Certification and Signature: Yes / No (Please circle)		Phone:	
Address:	City:	State:	
CONTRACTED PRICE OF PROJECT: \$			
Flood Plain: <input checked="" type="radio"/> Yes / No (Please circle)		Flood Zone District:	
Elevation Certificate Required: <input checked="" type="radio"/> Yes / No (Please circle)			
FEMA CLOMA/LOMA Required: Yes / No (Please circle)		GF Issuance:	Certificate #:

(Please sign Page 2)

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TYPE OF IMPROVEMENT:		PROPOSED USE:	
New Building: 4plexes on triplexes		Multi-Family: X	
Addition:		Institution:	
Interior Alteration:		Assembly:	
Demolition:		Industrial:	
Moving:		Business:	
Foundation Only:		Storage:	
Change of Use:		Mercantile:	
Sign:		Hazardous:	
Site & Drainage/Grading Permit:			
Other:			
COMMENTS (OFFICE USE ONLY)			
Planners Remarks:			
Fire Inspections Remarks:			
Sanitation Department Remarks:			
Engineering Remarks:			
Building Department Remarks:			
Review Status:			
Zoning Dept.:	Engineering Dept.:	Fire Marshall:	Building Dept.:
APPLICANT'S CERTIFICATION			
I certify that the answers to the above questions and any statements made on same are true and complete to the best of my knowledge.			
Print Name : Michael Boggs		Designation:	Phone/Fax: 870-203-9939
Email: mboggs@trakeneng.com			
Signature: 		Date: 6/27/17	



Planning Charge Sheet

Residential Approvals – Planning Review (select all that apply) **01-0731:**

- | | | |
|---|--|--|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Multiple Family Dwelling | <input type="checkbox"/> Detached/Accessory Bldg |
| <input type="checkbox"/> Single Family Additions | <input type="checkbox"/> Single Family Alterations | <input type="checkbox"/> Swimming Pools |
| <input type="checkbox"/> Walls, Fences, Decks Etc | <input type="checkbox"/> Multi Family Additions | <input type="checkbox"/> Multi Family Accessory Bldg |

Commercial Approvals – Planning Review (select all that apply) **01-0732:**

- | | | |
|--|---|--|
| <input type="checkbox"/> Building _____ Sqft. | <input type="checkbox"/> Interior Alterations/Repairs | <input type="checkbox"/> Awnings/Canopies |
| <input type="checkbox"/> Accessory Bldgs, etc. | <input type="checkbox"/> Parking Lots | <input type="checkbox"/> Landfill and Extraction |
| <input type="checkbox"/> Gravel Mining | <input type="checkbox"/> Change of Use | <input type="checkbox"/> Storage Tanks |
| <input type="checkbox"/> Temp Tents, Trailers & Structures | | |

Residential Zoning Districts : (Zoning Map Amendments) **01-0516:**

- | |
|--|
| <input type="checkbox"/> Single Family Districts _____ Acres |
| <input type="checkbox"/> Multi Family Districts _____ Acres |

Non-Residential Zoning Districts : (Zoning Map Amendments) **01-0516:**

- | |
|--|
| <input type="checkbox"/> Zoning Map Amendments _____ Acres |
|--|

Special District Applications **01-0516:**

- | | |
|---|--|
| <input type="checkbox"/> Village Residential Overlay | <input type="checkbox"/> JMA-O, Jonesboro Municipal Overlay District |
| <input type="checkbox"/> Planned Development District _____ | phase (preliminary, final, modification) |

Board of Zoning Appeals Fee **01-0516:**

- | | | | |
|--------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Compatible Non-Conforming Use |
|--------------------------------------|-------------------------------------|--|--|

Subdivision Planning Fees **01-0733:**

- | | |
|--|--|
| <input type="checkbox"/> Minor Plats & Replats | <input type="checkbox"/> Reviews MAPC Approval: _____ Lots _____ Acres |
|--|--|

On/Off-Premise Signage Permits – Planning Review **01-0734:**

- | | | |
|--|---|--|
| <input type="checkbox"/> Billboards | <input type="checkbox"/> High Rise Interstate _____ faces | <input type="checkbox"/> Bulletin Board _____ Sqft |
| <input type="checkbox"/> Construction Sign | <input type="checkbox"/> Ground Sign _____ Sqft | <input type="checkbox"/> Wall & Awning _____ Sqft |
| <input type="checkbox"/> Directional Sign _____ Sqft | <input type="checkbox"/> Pole Sign _____ Sqft | <input type="checkbox"/> Marquee Sign _____ Sqft |
| <input type="checkbox"/> Promo Event | <input type="checkbox"/> Special Event Sign | <input type="checkbox"/> Grand Opening Sign |
| <input type="checkbox"/> Corner or Interior Parcel Sign _____ Sqft | Faces _____ | |

Zoning Sign Deposit **01-0155:** ☐ _____ Number of Signs

Mapping and Duplicating Services Per Page **01-0735:**

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 8 1/2" x 11" BW Copies | <input type="checkbox"/> 8 1/2" x 11" Color Map | <input type="checkbox"/> Over Size Page | <input type="checkbox"/> Zoning Resolution |
| <input type="checkbox"/> Zoning Map 36"x50" | <input type="checkbox"/> Land Use (36"x44") | <input type="checkbox"/> 11"x17" Map | |
| <input type="checkbox"/> Property Owner Search/Plat Map | | <input type="checkbox"/> Zoning Certification Letter | |

Total Pages _____

Description: Grading Total Amount Due: \$

Site: Address: 1500 Kathleen Tracking No.: SP17-246

McKnight Falls, LLC
Customer Customer #

D. P.
City Official

6/27/17
Date