



APPLICATION FOR RESIDENTIAL BUILDING & ZONING PERMIT APPLICATION

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:		DATE:	
Property Information		Parcel No. (if known) _____	
Address: 1126 W Mathews		City Jonesboro	
Zoning Classification: R-2			
Please describe proposed use: To build a 22' X 24' open carport			
Applicant's Name: AWT Constructors, LLC.			
Address: 2629 Hwy 91 W			
City: Jonesboro		State: Arkansas	
Phone: 870-520-6380		ZIP Code: 72404	
Email Address: aaron.awtconstructors@gmail.com			
Arkansas Contractor License #: 0360610518		Privilege #: 000000004990	
Owner's Name: (If Same, Input Same) Steven & Kristen S. Crook			
Address: 1126 W Mathews			
City: Jonesboro		State: Arkansas	
Phone: 870-219-5457		ZIP Code: 72401	
Email Address: kshay394@gmail.com			
One (1) Copy of Site Plan: <input checked="" type="radio"/> Yes <input type="radio"/> No (Please circle)			
One (1) Set of Construction Documents: <input checked="" type="radio"/> Yes <input type="radio"/> No (Please circle)			
Type of Construction: Wood framing			
Code Review Included: Yes <input checked="" type="radio"/> No <input type="radio"/> (Please circle)			
Seismic Zone #3 Signed Certification: Yes <input checked="" type="radio"/> No <input type="radio"/> (Please circle)			
Engineering Firm: N/A			
Engineer's Certification and Signature: Yes <input checked="" type="radio"/> No <input type="radio"/> (Please circle)		Phone:	
Address:		City:	
State:			
Architectural Firm/Plans Drawn By: Aaron Tate			
Architect's Certification and Signature: Yes <input checked="" type="radio"/> No <input type="radio"/> (Please circle)		Phone:	
Address:		City:	
State:			
CONTRACTED PRICE OF PROJECT: \$ 22,500.00			
Flood Plain: Yes <input checked="" type="radio"/> No <input type="radio"/> (Please circle)			
Flood Zone District:			
Elevation Certificate Required: Yes <input checked="" type="radio"/> No <input type="radio"/> (Please circle)			
FEMA CLOMA/LOMA Required: Yes <input checked="" type="radio"/> No <input type="radio"/> (Please circle)		GF Issuance:	
		Certificate #:	

(Please sign Page 2)

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TYPE OF IMPROVEMENT:	PROPOSED USE:
New Building:	Multi-Family: No of Units:
Addition:	Institution:
Alteration:	
Demolition:	Temporary Structure:
Moving:	Home Occupation:
Foundation Only:	Storage Shed:
Pool:	Fence:
Accessory Apartment:	Pool House:

Other: 22' X 24' open carport

COMMENTS (OFFICE USE ONLY)

Planners Remarks:

Engineering Remarks:

Building Department Remarks:

Review Status:

Zoning:	Engineering:	Building:	C.O. Issuance Date:
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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 : Aaron Tate AWT Constructors	Designation: General Contractor	Phone/Fax: 870-520-6380 fax 870-5206381
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Email: aaron.awtconstructors@gmail.com

Signature:

Aaron Tate

Date:

6-13-17