



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: 12-8-17	
Property Information		Parcel No. (if known) _____	
Address: 700 North Caraway		City: Jonesboro	
Zoning Classification: R-1			
Please describe proposed use: • Storage Building			
Applicant's Name: Antonio Torres			
Address: 700 N. Caraway rd.			
City: Jonesboro		State: AR	
Phone: 870-277-8013		ZIP Code: 72401	
Email Address: _____		Privilege #: _____	
Owner's Name: (If Same, Input Same) Eula Roberts			
Address: 1214 DANA			
City: Jonesboro		State: AR	
Phone: _____		ZIP Code: 72401	
Email Address: _____		Privilege #: _____	
One (1) Copy of Site Plan: Yes / No (Please circle)		One (1) 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: _____		Phone: _____	
Engineer's Certification and Signature: Yes / No (Please circle)		City: _____	
Address: _____		State: _____	
Architectural Firm/Plans Drawn By: _____		Phone: _____	
Architect's Certification and Signature: Yes / No (Please circle)		City: _____	
Address: _____		State: _____	
CONTRACTED PRICE OF PROJECT: \$ 2400			
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 #: _____			

(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: 20x16 ft storage building
Pool:	Fence:
Accessory Apartment:	Pool House:
Other:	

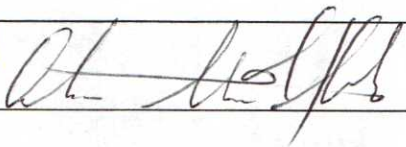
COMMENTS (OFFICE USE ONLY)

Planners Remarks:
Engineering Remarks:
Building Department Remarks:

Review Status:			
Zoning:	Engineering:	Building:	C.O. Issuance Date:

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 : Antonio Torres	Designation:	Phone/Fax: 870-277-8013
Email:		
Signature: 	Date: 870-277-8013	

12-08-2017