



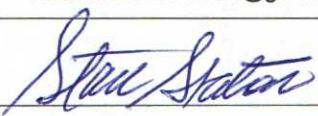
## APPLICATION FOR RESIDENTIAL BUILDING & ZONING PERMIT APPLICATION

Planning & Zoning, P.O. Box 1845, Jonesboro, AR 72403 – (870) 932-0406, fax (870) 336-3036  
www.jonesboro.org

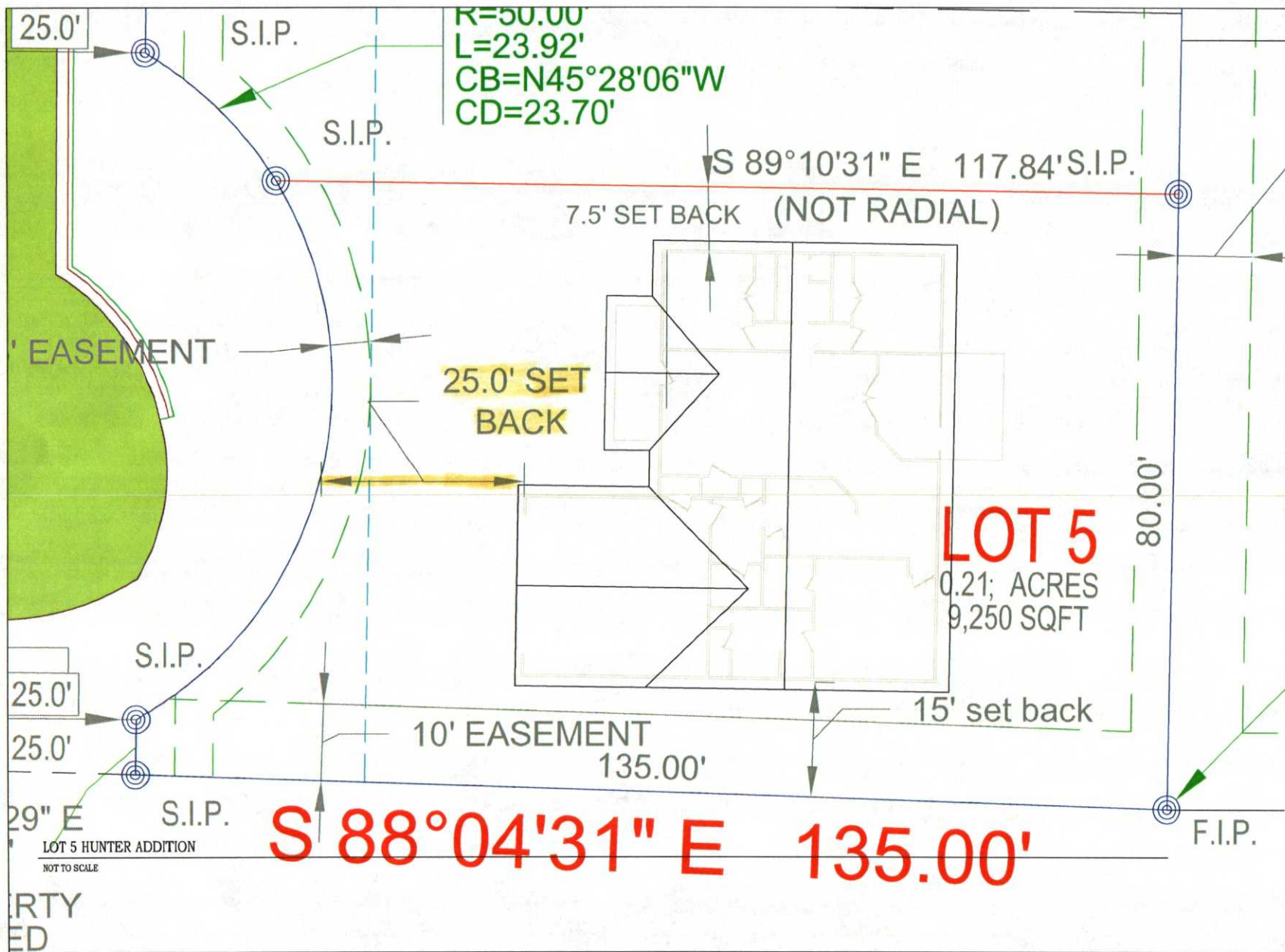
|  |  |  |  |
|--|--|--|--|
| <b>(OFFICE USE ONLY) PERMIT NO. ISSUED:</b> <u>SFR18-09</u>              |  | <b>DATE:</b>   |  |
| <b>Property Information</b>  |  | Parcel No. (if known)<br>01-144164-10500                               |  |
| Address: 312 S. Hunter Lane (Lot 5)                                      | City Jonesboro                               |  |  |
| Zoning Classification: R-1   |  |  |  |
| Please describe proposed use: Construction of Single Family Home         |  |  |  |
| <b>Applicant's Name:</b> C3, LLC   |  |  |  |
| Address: 2700 Ridgepointe Dr.  |  |  |  |
| City: Jonesboro  | State: AR                                    | ZIP Code: 72401  |  |
| Phone: 870-919-4028  | Email Address: statonandassociates@gmail.com |  |  |
| Arkansas Contractor License #: 0365180618                                | Privilege #: 000000005177                    |  |  |
| <b>Owner's Name:</b> (If Same, Input Same) SAME                          |  |  |  |
| Address:   |  |  |  |
| City:  | State:                                       | ZIP Code:  |  |
| Phone:   | Email Address:                               |  |  |
|  |  |  |  |
| One (1) Copy of Site Plan: Yes / No <i>(Please circle)</i>               |  | One (1) Set of Construction Documents: Yes / No <i>(Please circle)</i> |  |
| Type of Construction: Single Family                                      |  | Code Review Included: Yes / No <i>(Please circle)</i>                  |  |
| Seismic Zone #3 Signed Certification: Yes / No <i>(Please circle)</i>    |  |  |  |
| Engineering Firm:  |  |  |  |
| Engineer's Certification and Signature: Yes / No <i>(Please circle)</i>  |  | Phone:   |  |
| Address:   | City:  | State:   |  |
| Architectural Firm/Plans Drawn By: Glen Smith                            |  |  |  |
| Architect's Certification and Signature: Yes / No <i>(Please circle)</i> |  | Phone: 870-926-7668  |  |
| Address:   | City:  | State:   |  |
| CONTRACTED PRICE OF PROJECT: \$ 175,000                                  |  |  |  |
|  |  |  |  |
| Flood Plain: Yes / No <i>(Please circle)</i>                             |  | Flood Zone District:   |  |
| Elevation Certificate Required: Yes / No <i>(Please circle)</i>          |  |  |  |
| FEMA CLOMA/LOMA Required: Yes / No <i>(Please circle)</i>                | GF Issuance:                                 | Certificate #:   |  |

***(Please sign Page 2)***

**APPLICATION FOR RESIDENTIAL BUILDING & ZONING PERMIT APPLICATION PAGE 2**

|  |              |  |                         |
|--|--------------|--|-------------------------|
| <b>TYPE OF IMPROVEMENT:</b> Single Family Home   |              | <b>PROPOSED USE:</b> Single Family Residential |                         |
| New Building:  |              | Multi-Family:                                  | No of Units: 1          |
| Addition:  |              | Institution:                                   |                         |
| Alteration:  |              |  |                         |
| Demolition:  |              | Temporary Structure:                           |                         |
| Moving:  |              | Home Occupation:                               |                         |
| Foundation Only:   |              | Storage Shed:                                  |                         |
| Pool:  |              | Fence:   |                         |
| Accessory Apartment:   |              | Pool House:                                    |                         |
| Other:   |              |  |                         |
| <b>COMMENTS (OFFICE USE ONLY)</b>  |              |  |                         |
| Planners Remarks:  |              |  |                         |
| Engineering Remarks:   |              |  |                         |
| Building Department Remarks:   |              |  |                         |
| Review Status:   |              |  |                         |
| Zoning:  | Engineering: | Building:                                      | C.O. Issuance Date:     |
| <b>APPLICANT'S CERTIFICATION</b>   |              |  |                         |
| 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 : Stan C. Staton  |              | Designation:<br>Owner/Contractor               | Phone/Fax: 870-919-4028 |
| Email: statonandassociates@gmail.com   |              |  |                         |
| Signature:                                        |              | Date: 01/05/2018                               |                         |





|                 |                 |
|-----------------|-----------------|
| PROJECT TITLE   | A-STATON        |
| SHEET TITLE     | SITE PLAN LOT 5 |
| DRAWING TITLE   | OUR HOME        |
| SQUARE FOOTAGES |                 |
| 1ST FLOOR       | 1754            |
| BONUS ROOM      | 0               |
| BASEMENT        | 0               |
| TOTAL H / C     | 1754            |
| GARAGE          | 541             |
| PORCHES         | 340             |
| TOTAL           | 881             |
| DATE:           | 10-23-2017      |
| SHEET NO.       | 4               |

**OWNER/BUILDER AFFIDAVIT  
CITY OF JONESBORO, ARKANSAS**

Ark. Code Ann. §17-25-501 et seq. requires a residential license for certain residential buildings.

A property owner who acts as a residential building contractor for the purpose of constructing his own residence Is not required to have a residential building license to make application for a building permit of a single family residence that is intended to be the property owners residence, unless the property owner constructs more than one residence per calendar year.

**PROPERTY ADDRESS** 312 S. Hunter Lane, Jonesboro, AR 72401

Now, on this 5<sup>TH</sup> day of January, 2018. I, Stan Staton (C3, LLC)  
(Please print your name)

declare that I am applying for a building permit for the above described property; that I will be responsible for performing the work and meeting the requirements of all codes, ordinances, and laws; that I am the owner of the above described property: that I am an occupant of the property; and that the intent of the use of the property is by the owner as a single family residence. Therefore, I am not required to have a residential building license.

Owner's Signature Stan Staton Date 01/05/2018



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

- |  |  |  |
|--|--|--|
| <input checked="" 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 | <input type="checkbox"/> 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: HouseTotal Amount Due: \$50.00Site Address: 3125 Hunter LnTracking No.: 8FR18-09Customer C3, LLC

Customer # \_\_\_\_\_

City Official DPDate 11/5/18

Stormwater Pollution Prevention Plan (SWPPP) for Construction Activity  
for Small Construction Sites

National Pollutant Discharge Elimination System (NPDES)  
General Permit # ARR150000

Prepared for:

City of Jonesboro, AR

Date:

01/05/2018

Prepared by:

Stan Staton

Revised date: 03/20/2014



Project Name and Location: 312 S. Hunter Lane, Jonesboro, AR  
Property Parcel Number (Optional): 01-144164-10500  
Operator Name and Address: C3, LLC/Stan Staton 2700 Ridgepointe Drive, Jonesboro, AR 72404

A. Site Description

- a. Project description, intended use after NOI is filed: \_\_\_\_\_  
\_\_\_\_\_
- b. Sequence of major activities which disturb soils: Footings, driveway, grading  
sodding of lot
- c. Total Area: .23 Acres Disturbed Area: .23 Acres

B. Responsible Parties:

| Individual/Company  | Phone Number | Service Provided for SWPPP (i.e., Inspector, SWPPP revisions, Stabilization Activities, BMP Maintenance, etc.) |
|---------------------|--------------|--|
| Stan Staton/C3, LLC | 870-919-4028 |  |
|                     |              |  |
|                     |              |  |
|                     |              |  |
|                     |              |  |

C. Receiving Waters

- a. The following waterbody (or waterbodies) receives stormwater from this construction site: Drainage Ditches
- b. Is the project located within the jurisdiction of an MS4? ☒ Yes ☐ No  
i. If yes, Name of MS4: CITY OF JONESBORO
- c. Ultimate Receiving Water:  
☒ St. Francis River  
☐ L'anguille River  
☐ Cache River

D. Site Map Requirements (Attach Site Map): Reference attached Sample Plan

- a. Pre-construction topographic view; ([www.efsedge.com/craighead/](http://www.efsedge.com/craighead/))

- b. Direction of stormwater flow (i.e., use arrows to show which direction stormwater will flow) and approximate slopes anticipated after grading activities;
- c. Delineate on the site map areas of soil disturbance and areas that will not be disturbed under the coverage of this permit;
- d. Location of major structural and nonstructural controls identified in the plan;
- e. Location of main construction entrance and exit;
- f. Location where stabilization practices are expected to occur;
- g. Locations of off-site materials, waste, borrow area, or equipment storage area;
- h. Location of areas used for concrete wash-out;
- i. Location of all surface water bodies (including wetlands);
- j. Locations where stormwater is discharged to a surface water and/or municipal separate storm sewer system if applicable,
- k. Locations where stormwater is discharged off-site (should be continuously updated);
- l. Areas where final stabilization has been accomplished and no further construction phase permit requirements apply.

E. Stormwater Controls

- a. Initial Site Stabilization, Erosion and Sediment Controls, and Best Management Practices:

- i. Initial Site Stabilization: Construction Entrance - Minimal Soil disturbance & other BMPs as required
- ii. Erosion and Sediment Controls: Silt Fence or other measures to retain sediment on-site to Maximum Extent Practical (MEP)
- iii. If periodic inspections or other information indicates a control has been used inappropriately or incorrectly, the operator will replace or modify the control for site situations: ☒ Yes ☐ No  
If No, explain: \_\_\_\_\_
- iv. Off-site accumulations of sediment will be removed at a frequency sufficient to minimize off-site impacts: ☒ Yes ☐ No  
If No, explain: \_\_\_\_\_
- v. Sediment will be removed from sediment traps or sedimentation ponds when design capacity has been reduced by 50%: ☒ Yes ☐ No  
If No, explain: \_\_\_\_\_



- vi. Litter, construction debris, and construction chemicals exposed to stormwater shall be prevented from becoming a pollutant source for stormwater discharges: ☒ Yes ☐ No

If No, explain: \_\_\_\_\_

- vii. Off-site material storage areas used solely by the permitted project are being covered by this SWPPP: ☐ Yes ☒ No

If Yes, explain additional BMPs implemented at off-site material storage area: \_\_\_\_\_

b. Stabilization Practices

- i. Description and Schedule: Existing vegetation preserved where attainable, disturbed areas will be stabilized with sod, mulch, other BMPs or controls

- ii. Are buffer areas required? ☐ Yes ☒ No

If Yes, are buffer areas being used? ☐ Yes ☐ No

If No, explain why not: \_\_\_\_\_

If Yes, describe natural buffer areas: \_\_\_\_\_

- iii. A record of the dates when grading activities occur, when construction activities temporarily or permanently cease on a portion of the site, and when stabilization measures are initiated shall be included with the plan.

☒ Yes ☐ No

If No, explain: \_\_\_\_\_

- iv. Deadlines for stabilization: Stabilization procedures will be initiated 14 days after construction activity temporarily ceases on a portion of the site.

c. Structural Practices

- i. Describe any structural practices to divert flows from exposed soils, store flows, or otherwise limit runoff and the discharge of pollutants from exposed areas of the site: Silt fence will be installed to divert and slow down sediment runoff

- ii. Sediment Basins:

Are 10 or more acres draining to a common point? ☐ Yes ☒ No

Is a sediment basin included in the project? ☐ Yes ☒ No

If Yes, what is the designed capacity for the storage?

☐ 3600 cubic feet per acre = : \_\_\_\_\_

or

☐ 10 year, 24 hour storm = : \_\_\_\_\_

☐ Other criteria were used to design basin: \_\_\_\_\_

If No, explain why no sedimentation basin was included and describe required natural buffer areas and other controls implemented instead: \_\_\_\_\_

iii. Describe Velocity Dissipation Devices: N/A

#### F. Other Controls

a. Solid materials, including building materials, shall be prevented from being discharged to Waters of the State: ☒ Yes ☐ No

b. Off-site vehicle tracking of sediments and the generation of dust shall be minimized through the use of:

☒ A stabilized construction entrance and exit

☐ Vehicle tire washing

☐ Other controls, describe: \_\_\_\_\_

c. Temporary Sanitary Facilities: Sanitary unit on site to be serviced by a professional regularly

d. Concrete Waste Area Provided:

☒ Yes

☐ No. Concrete is used on the site, but no concrete washout is provided.

Explain why: \_\_\_\_\_

☐ N/A, no concrete will be used with this project

e. Fuel Storage Areas, Hazardous Waste Storage, and Truck Wash Areas: N/A

#### G. Non-Stormwater Discharges

a. The following allowable non-stormwater discharges comingled with stormwater are present or anticipated at the site:

☒ Fire-fighting activities;

☒ Fire hydrant flushings;



- ☐ Water used to wash vehicles (where detergents or other chemicals are not used) or control dust in accordance with Part II.A.4.H.2;
  - ☒ Potable water sources including uncontaminated waterline flushings;
  - ☐ Landscape Irrigation;
  - ☐ Routine external building wash down which does not use detergents or other chemicals;
  - ☐ Pavement wash waters where spills or leaks of toxic or hazardous materials have not occurred (unless all spilled materials have been removed) and where detergents or other chemicals are not used;
  - ☒ Uncontaminated air conditioning, compressor condensate (See Part I.B.12.C of the permit);
  - ☐ Uncontaminated springs, excavation dewatering and groundwater (See Part I.B.12.C of the permit);
  - ☐ Foundation or footing drains where flows are not contaminated with process materials such as solvents (See Part I.B.12.C of the permit);
- b. Describe any controls associated with non-stormwater discharges present at the site: No additional controls needed on site
- 

H. Applicable State or Local Programs: The SWPPP will be updated as necessary to reflect any revisions to applicable federal, state, or local requirements that affect the stormwater controls implemented at the site. ☒ Yes ☐ No

I. Inspections

- a. Inspection frequency:
- ☒ Every 7 calendar days
  - or
  - ☐ At least once every 14 calendar days and within 24 hours of the end of a storm even 0.5 inches or greater (a rain gauge must be maintained on-site)
- b. Inspections:
- Completed inspection forms will be kept with the SWPPP.
- ☒ ADEQ's inspection form will be used (See Appendix B)
  - or
  - ☐ A form other than ADEQ's inspection form will be used and is attached (See inspection form requirements Part II.A.4.L.2)
- c. Inspection records will be retained as part of the SWPPP for at least 3 years from the date of termination.
- d. It is understood that the following sections describe waivers of site inspection requirements. All applicable documentation requirements will be followed in accordance with the referenced sections.
- i. Winter Conditions (Part II.A.4.L.3)
  - ii. Adverse Weather Conditions (Part II.A.4.L.4)

J. Maintenance:

The following procedures to maintain vegetation, erosion and sediment control measures and other protective measures in good, effective operating condition will be followed: Remove minimal amounts of vegetation, daily visual checks, daily cleanup, weekly hardcopy inspections and routine maintenance.

Any necessary repairs will be completed, when practicable, before the next storm event, but not to exceed a period of 3 business days of discovery, or as otherwise directed by state or local officials.

K. Employee Training:

The following is a description of the training plan for personnel (including contractors and subcontractors) on this project: Inform all parties of the SWPPP requirements, their responsibility to follow the guidelines of the SWPPP, contractors and sub-contractors responsibility to pick up loose trash and construction debris at the end of each day

\*\*\*Note, Formal training classes given by Universities or other third-party organizations are not required, but recommended for qualified trainers; the permittee is responsible for the content of the training being adequate for personnel to implement the requirements of the permit.

Certification

"I certify under penalty of law that this document and all attachments such as Inspection Form were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature of Responsible or Cognizant Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Builder or Contractor: 

Date: 01/05/2018



## ARR150000 Inspection Form

Appendix A

Inspector Name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Inspector Title: \_\_\_\_\_

Date of Rainfall: \_\_\_\_\_

Duration of Rainfall: \_\_\_\_\_

Days Since Last Rain Event: \_\_\_\_\_ days

Rainfall Since Last Rain Event: \_\_\_\_\_ inches

Description of any Discharges During Inspection: \_\_\_\_\_

Location of Discharges of Sediment/Other Pollutant (specify pollutant &amp; location): \_\_\_\_\_

Locations in Need of Additional BMPs: \_\_\_\_\_

## Information on Location of Construction Activities

| Location | Activity<br>Begin Date | Activity<br>Occurring<br>Now (y/n)? | Activity<br>Ceased<br>Date | Stabilization<br>Initiated Date | Stabilization<br>Complete<br>Date |
|----------|------------------------|-------------------------------------|----------------------------|---------------------------------|-----------------------------------|
|          |                        |                                     |                            |                                 |                                   |
|          |                        |                                     |                            |                                 |                                   |
|          |                        |                                     |                            |                                 |                                   |
|          |                        |                                     |                            |                                 |                                   |

## Information on BMPs in Need of Maintenance

| Location | In Working<br>Order? | Maintenance Scheduled<br>Date | Maintenance Completed<br>Date | Maintenance to be<br>Performed By |
|----------|----------------------|-------------------------------|-------------------------------|-----------------------------------|
|          |                      |                               |                               |                                   |
|          |                      |                               |                               |                                   |
|          |                      |                               |                               |                                   |
|          |                      |                               |                               |                                   |

Changes required to the SWPPP: \_\_\_\_\_

Reasons for changes: \_\_\_\_\_

SWPPP changes completed (date): \_\_\_\_\_

"I certify under penalty of law that this document and all attachments such as Inspection Form were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature of Responsible or Cognizant Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_