



## 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>		<b>DATE:</b>
<b>Property Information</b>		Parcel No. (if known) _____
Address: 1421 ANGELUS	City JONESBORO	
Zoning Classification: R-1		
Please describe proposed use: SINGLE FAMILY RESIDENTIAL HOME		
<b>Applicant's Name (All Correspondence will be returned to this individual):</b> LYNN TURNER		
Address: 5532 KERSEY LANE		
City: JONESBORO	State: AR	ZIP Code: 72404
Phone: 870-926-5472	Email Address: lynndturner@yahoo.com	
Arkansas Contractor License #:	Privilege #:	
<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>	
One (1) Copy of SWPPP: Yes / No <i>(Please circle)</i>	Code Review Included: Yes / No <i>(Please circle)</i>	
Type of Construction:	CONTRACTED PRICE OF PROJECT: \$	
Seismic Zone #3 Signed Certification: Yes / No <i>(Please circle)</i>		
Engineering Firm: CARLOS WOOD, P.E.		
Engineer's Certification and Signature: Yes / No <i>(Please circle)</i> N/A		Phone: 870-972-8335
Address: 148 CR 375	City: BONO	State: AR
Architectural Firm/Plans Drawn By:		
Architect's Certification and Signature: Yes / No <i>(Please circle)</i>		Phone:
Address:	City:	State:
Floodplain: Yes / No <i>(Please circle)</i>		Flood Zone :
Floodplain Permit: Yes / No <i>(Please circle)</i>		
FEMA CLOMR/LOMR Required: Yes / No <i>(Please circle)</i>	GF Issuance:	Certificate #:

*(Please sign Page 2)*

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<b>TYPE OF IMPROVEMENT:</b>		<b>PROPOSED USE:</b>	
New Building: YES		Multi-Family:	No of Units:
Addition:		Institution:	
Alteration:			
Demolition:		Temporary Structure:	
Moving:		Home Occupation: YES	
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 :		Designation:	Phone/Fax:
Email:			
Signature:			Date: