



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: 3.14.18	
Property Information		Parcel No. (if known)	
Address:		City <u>Jonesboro</u>	
Zoning Classification: <u>R-1</u>			
Please describe proposed use: <u>Residential Addition</u>			
Applicant's Name: <u>Justin Willis</u>			
Address: <u>1201 W. Country Club Terrace</u>			
City: <u>Jonesboro</u>		State: <u>Ar.</u>	
Phone: <u>870-761-1639</u>		ZIP Code: <u>72401</u>	
Arkansas Contractor License #: <u>0262190518</u>		Email Address:	
Privilege #: <u>Findley Contractors</u>			
Owner's Name: (If Same, Input Same) <u>SAME</u>			
Address: <u>1201 W. Country Club Terrace</u>			
City: <u>Jonesboro</u>		State: <u>Ar.</u>	
Phone:		ZIP Code:	
Email Address:			
One (1) Copy of Site Plan: <u>Yes</u> / No (Please circle)		One (1) Set of Construction Documents: Yes / No (Please circle)	
Type of Construction: <u>Residential</u>		Code Review Included: Yes / No (Please circle)	
Seismic Zone #3 Signed Certification: Yes / <u>No</u> (Please circle)			
Engineering Firm:			
Engineer's Certification and Signature: Yes / <u>No</u> (Please circle)		Phone:	
Address:		City:	
Architectural Firm/Plans Drawn By:		State:	
Architect's Certification and Signature: Yes / <u>No</u> (Please circle)		Phone:	
Address:		City:	
CONTRACTED PRICE OF PROJECT: \$ <u>70,000 - 75,000</u>		State:	
Flood Plain: Yes / <u>No</u> (Please circle)		Flood Zone District:	
Elevation Certificate Required: Yes / <u>No</u> (Please circle)			
FEMA CLOMA/LOMA Required: Yes / <u>No</u> (Please circle)		GF Issuance:	
		Certificate #:	

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TYPE OF IMPROVEMENT:		PROPOSED USE: <i>Single Family</i>	
New Building:		Multi-Family:	No of Units:
Addition: <i>Residential</i>		Institution:	
Alteration:			
Demolition:		Temporary Structure:	
Moving:		Home Occupation:	
Foundation Only:		Storage Shed:	
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 :		Designation:	Phone/Fax:
Email:			
Signature:			Date:

**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 _____

Now, on this _____ day of _____, 2____. **I**, _____
(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 _____ **Date** _____



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:

- ☐ Single Family Districts _____ Acres
- ☐ Multi Family Districts _____ Acres

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

- ☐ Zoning Map Amendments _____ Acres

Special District Applications 01-0516:

- ☐ Village Residential Overlay ☐ JMA-O, Jonesboro Municipal Overlay District
- ☐ Planned Development District _____ phase (preliminary, final, modification)

Board of Zoning Appeals Fee 01-0516:

- ☐ Residential ☐ Commercial ☐ Conditional Use ☐ Compatible Non-Conforming Use

Subdivision Planning Fees 01-0733:

- ☐ Minor Plats & Replats ☐ 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 ½" x 11" BW Copies | <input type="checkbox"/> 8 ½" 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: _____ Total Amount Due: _____

Site: Address: _____ Tracking No.: _____

Customer

Customer #

City Official

Date