

SF 18-176



## **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:	J-R 18-	-101-	DATE:	
Property Information		1 1 6	Parcel No. (if known)	
			01-143364-10200	
Address: 705 Sadie	City Jonesboro			
Zoning Classification:				
Please describe proposed use: Single Family Residential				
Applicant's Name: District Development, LLC District Development, LLC Attn: Jennifer Williams				
Address: 2500 Alexander Drive, Suite C, Box 123				
City: Jonesboro	State: AR		ZIP Code: 72401	
Phone: 870-243-3421	Email Address: jwilliams@districtar.com			
Arkansas Contractor License #: 0358441017	Privilege #: 5020			
Owner's Name: (If Same, Input Same) same				
Address:				
City:	State:		ZIP Code:	
Phone:	Email Address:			
One (1) Copy of Site Plan: (Yes) No (Please circle)	One (1) Set of Construction Documents: (Yes) No (Please circle)			
Type of Construction: Single Family Residential	Code Review Included: Yes (No)(Please circle)			
Seismic Zone #3 Signed Certification: Yes No (Please circle)				
Engineering Firm: None				
Engineer's Certification and Signature: Yes /(No)(Please circle)	tification and Signature: Yes /(No /Please circle) Phon		e:	
Address:	City:		State:	
Architectural Firm/Plans Drawn By: Gardo Design Group				
rchitect's Certification and Signature: (Yes)/ No (Please circle)		Phone:	901.844.7990	
Address: 7990 Trinity Rd Suite 201	City: Memphis St		State: TN	
CONTRACTED PRICE OF PROJECT: \$ 157,200				
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: Single Family Residence	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:				
COMMENTS (OFFICE USE ONLY)				
Planners Remarks: Please adhere to all building ordinances & Sorvices codes. Abdul R. Ghow Adhere to all setbacks & easements. Got all permits & 4.02.18 inspections. Call 811 before you dig.  Engineering Remarks:  You 4-3-18  Building Department Remarks:  You 4-4-18				
Review Status:				
Zoning: Engineering: Bui	ding: 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 : Jennifer Williams Des	ignation: Contractor Phone/Fax: 870-243-3421 cell			
Email: jwilliams@districtar.com				
Signature:	Date: 3-29-18			