

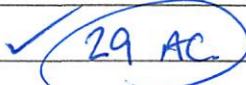



**APPLICATION FOR COMMERCIAL BUILDING & ZONING PERMIT  
- INCLUDES MULTI-FAMILY 3+ UNITS**

Planning & Zoning, 300 South Church Street, 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: <u>PROSPECT FARMS</u>	City: <u>JONESBORO</u>	
Zoning Classification: <u>R-1</u>		
Please describe proposed use: <u>RESIDENTIAL SUBDIVISION</u>		
Applicant's Name (All Correspondence will be returned to this individual): <u>MARK MORRIS</u>		
Address: <u>PO 1081</u>		
City: <u>JONESBORO</u>	State: <u>AR</u>	ZIP Code: <u>72403</u>
Phone: <u>870-919-7700</u>	Email Address: <u>mark-b-morris@yahoo.com</u>	
Arkansas Contractor License #: <u>0181680313</u>	Privilege #: <u>262</u>	
Owner's Name: (If Same, Input Same) <u>BOBBY JONESBORO 2015, LLC</u>		
Address: <u>3420 N. PLAINVIEW AVE</u>		
City: <u>FAYETTEVILLE</u>	State: <u>AR</u>	ZIP Code: <u>72703</u>
Phone: <u>479-455-9090</u>	Email Address: <u>ben.kennedy@rauschcoleman.com</u>	
<b>Asbestos Requirement (State of Arkansas):</b> State regulations require contractors to have lead and asbestos inspections prior to renovation or alterations of commercial structures. You are required to contact: Arkansas Department of Environmental Quality (ADEQ) at: 501-682-0718.		
Three (3) Copies of Site Plan: Yes / No (Please circle)		Three (3) Complete Set of Construction Documents: Yes / No (Please circle)
Type of Construction: <u>SUBDIVISION CONSTRUCTION</u>	Code Review Included: Yes / No (Please circle)	
Seismic Zone #3 Signed Certification: Yes / No (Please circle)		
Engineering Firm: <u>MARK MORRIS P.E.</u>		
Engineer's Certification and Signature: Yes / No (Please circle)		Phone: <u>870-919-7700</u>
Address:	City:	State:
Architectural Firm:		
Architect's Certification and Signature: Yes / No (Please circle)		Phone:
Address:	City:	State:
CONTRACTED PRICE OF PROJECT: \$		
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 #:

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<b>TYPE OF IMPROVEMENT (CHECK ALL THAT APPLY):</b>		<b>PROPOSED USE (CHECK ALL THAT APPLY):</b>	
New Building:		Multi-Family:	
Addition:		Institution:	
Interior Alteration:		Assembly:	
Demolition:		Industrial:	
Moving:		Business:	
Foundation Only:		Storage:	
Change of Use:		Mercantile:	
Sign:		Hazardous:	
Site & Drainage/Grading Permit: 			
Other:			
<b>COMMENTS (OFFICE USE ONLY)</b>			
Planners Remarks:			
Fire Inspections Remarks:			
Sanitation Department Remarks:			
Engineering Remarks:			
Building Department Remarks:			
Review Status:			
Zoning Dept.:	Engineering Dept.:	Fire Marshall:	Building Dept.:
<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 : <b>MARK MORRIS</b>		Designation: <b>ENGINEER</b> <b>CONTRACTOR</b>	Phone/Fax: <b>870-919-7700</b>
Email: <b>mark-b-morris@yahoo.com</b>			
Signature: 		Date: <b>2/20/19</b>	