



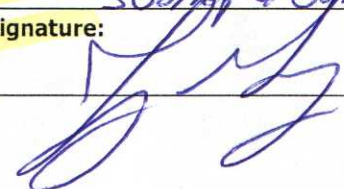
## APPLICATION FOR RESIDENTIAL BUILDING & ZONING PERMIT APPLICATION

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> 4-26-19	
<b>Property Information</b>		Parcel No. (if known) 01-144181-29500	
Address: 509 MILLER ST	City: JONESBORO	72401	
Zoning Classification: R3			
Please describe proposed use: Duplex			
<b>Applicant's Name:</b> WALTER JACKSON			
Address: 1817 Covey Dr			
City: JONESBORO	State: AR	ZIP Code: 72404	
Phone: 870-926-0846	Email Address: kjackson1817@gmail.com		
Arkansas Contractor License #: 0165280419	Privilege #: City of Brookland		
<b>Owner's Name:</b> (If Same, Input Same) WALTER JACKSON			
Address: 1817 Covey Dr			
City: JONESBORO	State: AR	ZIP Code: 72404	
Phone:	Email Address:		
One (1) Copy of Site Plan: <input checked="" type="checkbox"/> Yes / No (Please circle)			
One (1) Set of Construction Documents: <input checked="" type="checkbox"/> Yes / No (Please circle)			
Type of Construction: BRICK			
Code Review Included: <input checked="" type="checkbox"/> Yes / No (Please circle)			
Seismic Zone #3 Signed Certification: Yes / No (Please circle)			
Engineering Firm:			
Engineer's Certification and Signature: Yes / No (Please circle)		Phone:	
Address:	City:	State:	
Architectural Firm/Plans Drawn By:			
Architect's Certification and Signature: Yes / No (Please circle)		Phone:	
Address:	City:	State:	
<b>CONTRACTED PRICE OF PROJECT:</b> \$ 109,000			
Flood Plain: Yes / <input checked="" type="checkbox"/> No (Please circle)			
Flood Zone District:			
Elevation Certificate Required: Yes / <input checked="" type="checkbox"/> No (Please circle)			
FEMA CLOMA/LOMA Required: Yes / No (Please circle)		GF Issuance:	Certificate #:

(Please sign Page 2)

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<b>TYPE OF IMPROVEMENT:</b> <i>New Construction</i>		<b>PROPOSED USE:</b>	
New Building:	<i>Duplex</i>	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:			
<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: <i>Sim Gullett</i>		Designation:	Phone/Fax: <i>870930-7325</i>
Email: <i>SGullett@Gullettconst.com</i>			
Signature: 		Date: <i>4-26-19</i>	