

SP 19-125



## 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

www.jonesboro.org					
(OFFICE USE ONLY) PERMIT NO. ISSUED:	SP19-	12	DATE:		
Property Information		Parcel No. (if known)			
Address: 9701 C.W. Rost Rand	City JONE	Show			
Zoning Classification:					
Please describe proposed use: PEANUT S  Applicant's Name (All Correspondence will be retu	SHELLING	1/5/00	49E RANT		
Applicant's Name (All Correspondence will be retu	rned to this indi	vidual)	the PEANUT, CLC		
Ro. Box 17210					
City: JONESBORN	State: AR		ZIP Code: 72403		
City: JONESBORW  Phone: 870 - 239 - 1334	Email Address:				
Arkansas Contractor License #:	Privilege #:				
Owner's Name: (If Same, Input Same)					
Address:					
City:	State:		ZIP Code:		
Phone:	Email Address:				
Asbestos Requirement (State of Arkansas): 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: Agri	Code Review Included: Yes / No (Please circle)				
Seismic Zone #3 Signed Certification: Yes / No (Please circle)					
Engineering Firm: Associated ENGINE	PINC				
		Phone:			
Address:	City:	State	e:		
Architectural Firm:					
Architect's Certification and Signature: Yes / No (Please circle)		Phone:	Phone:		
Address:	City: State:				
CONTRACTED PRICE OF PROJECT: \$ 20,000,000 =					
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 #:		

Building Department Remarks:  Review Status:  Zoning Dept.: Fire Marshall: Building Dept.:  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:  Print Name: Phone/Fax:	APPLIC	ATION FOR COMMERCIAL BUILDIN	NG & ZONING PERM	IT APPLICATION PAGE 2		
Addition:  Interior Alteration:  Demolition:  Industrial:  Moving:  Business:  Foundation Only:  Change of Use:  Mercantile:  Sign:  Site & Drainage/Grading Permit:  Other:  COMMENTS (OFFICE USE ONLY)  Planners Remarks:  Fire Inspections Remarks:  Sanitation Department Remarks:  Engineering Remarks:  Engineering Remarks:  Engineering Dept.:  Engineering Dept.:  Engineering Dept.:  Engineering Dept.:  APPLICANT'S CERTIFICATION  L 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:  Print Name:  Designation:  Phone/Fax:  Print Name:  Print Plant Stating  Phone/Fax:  Print Plant Stating  Phone/Fax:  Print Name:  Print Plant Stating  Phone/Fax:  Print Plant Stating  Phone/Fax:  Print Plant Stating  Phone/Fax:  Print Name:  Pri	TYPE OF IMPROVEME	NT (CHECK ALL THAT APPLY):	PROPOSED USE (CHECK ALL THAT APPLY):			
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