

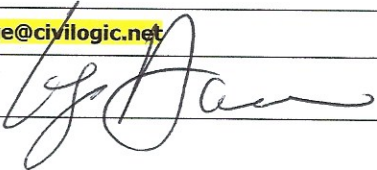


APPLICATION FOR COMMERCIAL BUILDING & ZONING PERMIT - INCLUDES MULTI-FAMILY 3+ UNITS

Planning & Zoning, P.O. Box 1845, Jonesboro, AR 72403 – (870) 932-0406, fax (870) 933-4668
www.jonesboro.org

(OFFICE USE ONLY) PERMIT NO. ISSUED:		DATE: 03/12/19	
Property Information:		Parcel No. (if known) 01-144192-15900	
Address: 1010 South Main Street	City: Jonesboro, AR 72401		
Zoning Classification: C-1			
Please describe proposed use: Construction of a new orthopedic and sports medicine facility.			
Applicant's Name: Civilogic, Inc.			
Address: 203 Southwest Drive			
City: Jonesboro	State: AR	ZIP Code: 72401	
Phone: (870) 932-7880	Email Address: george@civilogic.net		
Arkansas Contractor License #:	Privilege #:		
Owner's Name: (General Contractor) Scott McDaniel, Ramsons, Inc.			
Address: 3111 Dan Avenue			
City: Jonesboro	State: AR	ZIP Code: 72401	
Phone: (870) 935-1210	Email Address:		
Three (3) Copies of Site Plan: Yes / No (Please circle)		Three (3) Complete Set of Construction Documents: Yes / No (Please circle)	
Type of Construction:		Code Review Included: Yes / No (Please circle)	
Seismic Zone #3 Signed Certification: Yes / No (Please circle)			
Engineering Firm: CIVIOLOGIC, INC.			
Engineer's Certification and Signature: Yes / No (Please circle)		Phone: (870) 932-7880	
Address: 203 SOUTHWEST DRIVE	City: JONESBORO	State: AR 72401	
Architectural Firm:			
Architect's Certification and Signature: Yes / No (Please circle)		Phone:	
Address:	City:	State:	
CONTRACTED PRICE OF PROJECT: \$			
FOR OFFICE USE ONLY			
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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TYPE OF IMPROVEMENT:		PROPOSED USE:	
New Building: XX		Multi-Family:	
Addition:		Institution:	
Interior Alteration:		Assembly:	
Demolition:		Industrial:	
Moving:		Business: XX	
Foundation Only:		Storage:	
Change of Use:		Mercantile:	
Sign:		Hazardous:	
Site & Drainage/Grading Permit: XX			
Other:			
COMMENTS (OFFICE USE ONLY)			
Planners Remarks:			
Fire Inspections Remarks:			
Sanitation Department Remarks:			
Engineering Remarks:			
Building Department Remarks:			
Review Status:			
Zoning Dept.:	Engineering 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 : GEORGE HAMMAN		Designation: CIVIL CONSULTANT	Phone/Fax: (870) 932-7880 (O) (870) 972-9662 (F)
Email: george@civilogic.net			
Signature: 		Date: 03/12/19	