



## 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:		DATE:	
Dranarty Information			Parcel No. (if known)
Property Information			01-145302-001 66
Address: 2401 Heath Lune	City Jone	Spara	
Zoning Classification: Res			
Please describe proposed use: A shop building to and provide covered area lean to	store 3 vehice	cles, carport	to work renicles in shade
Applicant's Name (All Correspondence will be retu	irned to this inc	dividual): Ti	mothy Dalton Palmor
Address: 2401 Heath Lane 300	- Hero, P	714.2	1 (4)
city: Jones boro	State: Ark	ansas	ZIP Code: 7240 I
Phone: 870-834-2752	Email Address	tdullon	palmeregma:1.com
Arkansas Contractor License #:	Privilege #:		
Owner's Name: (If Same, Input Same) Same		7 7 7	
Address:			
City:	State:	***************************************	ZIP Code:
Phone:	Email Address	:	
One (1) Copy of Site Plan: Yes / No (Please circle)	One (1) Set of	Construction	Documents: Vas V No (Diago circle)
One (1) Copy of SWPPP: Yes /(No)(Please circle)	One (1) Set of Construction Documents: (Yes) No (Please circle)  Code Review Included: Yes / No (Please circle)		
Type of Construction: Detached Garage	CONTRACTED PRICE OF PROJECT: \$ 38,000		
Seismic Zone #3 Signed Certification: Yes /(No (Please circle			498,000
Engineering Firm:	-	T	
Engineer's Certification and Signature: Yes //No (Please circle)		Phone:	1 = 12
Address:	City:	1	ate:
Architectural Firm/Plans Drawn By:		T	
Architect's Certification and Signature: Yes / No (Please circ	(le)	Phone:	
Address:	City:		ate:
	1		
Floodplain: Yes / No (Please circle)			Flood Zone :
Floodplain Permit: Yes / No (Please circle)			
FEMA CLOMR/LOMR Required: Yes / No/(Please circle)	GF Issuance:		Certificate #:

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TYPE OF IMPROVEMENT: Shop building for Storuse	PROPOSED USE:	PROPOSED USE:		
New Building:	Multi-Family:	Multi-Family: No of Units:		
Addition:	Institution:			
Alteration:				
Demolition:	Temporary Structure:			
Moving:	Home Occupation:			
Foundation Only:	Storage Shed:	++		
Pool:	Fence:	Storage Shed: 30 × 40 - With Couple		
Accessory Apartment:	Pool House:			
Other: Detached (Tarage				
	OFFICE USE ONLY)			
Building Department Remarks:				
Review Status:				
	uilding:	C.O. Issuance Date:		
	S CERTIFICATION			
I certify that the answers to the above questions and any stat knowledge.	ements made on same ar			
limothy Dalton Palmer	esignation:	Phone/Fax:870-834-2752		
Email: tdalton Palmer egmail. com		Dates		
Signature: A A		Date: 65-15-2019		