



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: OFFR 19-322		DATE: 5-30-19
Property Information		Parcel No. (if known)
Address: 512 W. Matthews		City: Jonesboro
Zoning Classification: R-2		
Please describe proposed use: Residential Garage		
Applicant's Name: David Inman		
Address: 2012 Pine Valley Ln		
City: Jonesboro	State: AR	ZIP Code: 72404
Phone: 870 926 5811	Email Address: davidinman1961@gmail.com	
Arkansas Contractor License #: 0159940819	Privilege #:	
Owner's Name: (If Same, Input Same) Don Howard		
Address: 512 W Matthews		
City: Jonesboro	State:	ZIP Code:
Phone:	Email Address:	
One (1) Copy of Site Plan: <input checked="" type="radio"/> Yes / No (Please circle)		
One (1) Set of Construction Documents: <input checked="" type="radio"/> Yes / No (Please circle)		
Type of Construction: New		
Code Review Included: 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:
CONTRACTED PRICE OF PROJECT: \$ 60,000.00		
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: <i>Garage</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:			
COMMENTS (OFFICE USE ONLY)			
Planners Remarks:			
Engineering Remarks:			
Building Department Remarks:			
Review Status:			
Zoning:	Engineering:	Building:	C.O. Issuance Date:
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 : <i>David Inman</i>		Designation:	Phone/Fax: <i>820-926-5811</i>
Email: <i>dauidinman1961@gmail.com</i>			
Signature: <i>David Inman</i>		Date: <i>5-30-19</i>	