

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

Planning & Zoning, 300 S. Church Street, Jonesboro, AR 72403 – (870) 932-0406, fax (870) 336-3036  
www.jonesboro.org

<b>(OFFICE USE ONLY) PERMIT NO. ISSUED:</b>		<b>DATE:</b>	
<b>Property Information</b> Willow Pointe Phase 4		Parcel No. (if known) _____	
Address: <b>Airport Road</b>		City	
Zoning Classification: <b>R1</b>			
Please describe proposed use: <b>Single Family Residential Subdivision</b>			
<b>Applicant's Name (All Correspondence will be returned to this individual):</b> Mark B Morris			
Address: <b>PO BOX 1081</b>			
City: <b>Jonesboro</b>		State: <b>AR</b>	ZIP Code: <b>72403</b>
Phone: <b>870-919-7700</b>		Email Address: <b>mark_b_morris@yahoo.com</b>	
Arkansas Contractor License #:		Privilege #:	
<b>Owner's Name:</b> (If Same, Input Same) <b>(same)</b>			
Address:			
City:		State:	ZIP Code:
Phone:		Email Address:	
<b>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.</b>			
Three (3) Copies of Site Plan: Yes / No <i>(Please circle)</i>		Three (3) Complete Set of Construction Documents: Yes / No <i>(Please circle)</i>	
Type of Construction:		Code Review Included: Yes / No <i>(Please circle)</i>	
Seismic Zone #3 Signed Certification: Yes / No <i>(Please circle)</i>			
Engineering Firm: <b>Mark Morris P.E.</b>			
Engineer's Certification and Signature: Yes / No <i>(Please circle)</i>		Phone:	
Address:		City:	State:
Architectural Firm:			
Architect's Certification and Signature: Yes / No <i>(Please circle)</i>		Phone:	
Address:		City:	State:
CONTRACTED PRICE OF PROJECT: \$			
Flood Plain: Yes / No <i>(Please circle)</i>			Flood Zone District:
Elevation Certificate Required: Yes / No <i>(Please circle)</i>			
FEMA CLOMA/LOMA Required: Yes / No <i>(Please circle)</i>		GF Issuance:	Certificate #:

***(Please sign Page 2)***

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<b>TYPE OF IMPROVEMENT (CHECK ALL THAT APPLY):</b>		<b>PROPOSED USE (CHECK ALL THAT APPLY):</b>	
New Building:		Multi-Family:	
Addition:		Institution:	
Interior Alteration:		Assembly:	
Demolition:		Industrial:	
Moving:		Business:	
Foundation Only:		Storage:	
Change of Use:		Mercantile:	
Sign:		Hazardous:	
Site & Drainage/Grading Permit:			
Other: residential subdivision			
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 : Mark Morris		Designation: owner	Phone/Fax: 870-919-7700
Email: mark_b_morris@yahoo.com			
Signature: Mark B Morris			Date: 10/21/19