

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

(OFFICE USE ONLY) PERMIT NO. ISSUED:		DATE:	
Property Information PROSPECT FARMS PHASE VI		Parcel No. (if known) _____	
Address: PROSPECT TRAIL		City	
Zoning Classification: R1			
Please describe proposed use: Single Family Residential Subdivision			
Applicant's Name (All Correspondence will be returned to this individual): Mark B Morris			
Address: PO BOX 1081			
City: Jonesboro		State: AR	
Phone: 870-919-7700		ZIP Code: 72403	
Email Address: mark@markmorrishomes.com			
Arkansas Contractor License #:		Privilege #:	
Owner's Name: (If Same, Input Same) JONESBORO 2015, LLC			
Address: 3420 N PLAINVIEW AVE.			
City: FAYETTEVILLE		State: AR	
Phone: 479-455-9090		ZIP Code: 72703	
Email Address: BEN.KENNEDY@RAUSCHCOLEMAN.COM			
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 <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: Mark Morris P.E.			
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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TYPE OF IMPROVEMENT (CHECK ALL THAT APPLY):	PROPOSED USE (CHECK ALL THAT APPLY):
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: **MAPC FINAL APPROVAL**

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.:
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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: ENGINEER	Phone/Fax: 870-919-7700
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Email: **MARK@MARKMORRISHOMES.COM**

Signature: <i>Mark B Morris</i>	Date: 10/30/19
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