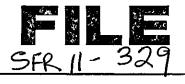


FEMA CLOMR/LOMR Required: Yes / (Please circle)





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: 7-29-11 Parcel No. (if known) **Property Information** Address: 2107 windwood CV City Jonesboro Zoning Classification: Please describe proposed use: Applicant's Name: Address: State: #R ZIP Code: 7240 (Email Address: Alanwlawson @ Hotmail. Com Owner's Name: (If Same, Input Same) Address: State: AR Email Address: Rexhaney @ Yahoo . Com Phone: 935-9373 One (1) Copy of Site Plan: (Yes)/ No (Please circle) One (1) Set of Construction Documents: Yes / No (Please circle) One (1) Copy of SWPPP: Yes (No (Please circle) Code Review Included: Yes No Please drde) Type of Construction: Single Family CONTRACTED PRICE OF PROJECT: \$ /35,000 A Seismic Zone #3 Signed Certification: Yes / No Please circle) NIA Engineering Firm: Engineer's Certification and Signature: Yes / (Please circle) Phone: City: State: Architectural Firm/Plans Drawn By: Mattik Building Design Architect's Certification and Signature: Yes / No (Please circle) Phone: Address: PO Box City; Jones boro Floodplain: Yes /(No)(Please circle) Flood Zone: Floodplain Permit: Yes / (10) (Please circle)

GF Issuance:

Certificate #:

APPLICATION FOR RESIDENTIAL BUILDING & ZONING PERMIT APPLICATION PAGE 2					
TYPE OF IMPROVEMENT:		PROPOSED USE:	PROPOSED USE:		
New Building: Single	Family	Multi-Family:		No of Units:	
Addition:		Institution:			
Alteration:					
Demolition:		Temporary Structure:	Temporary Structure:		
Moving:		Home Occupation:	Home Occupation:		
Foundation Only:		Storage Shed:	Storage Shed:		
Pool:		Fence:	Fence:		
Accessory Apartment:	Pool House:	Pool House:			
Other:					
COMMENTS (OFFICE USE ONLY)					
Planners Remarks:		4.5 29 29		APPROVED	
Engineering Remarks:					
Building Department Remarks:					
Review Status:					
Zoning:	Engineering:	Building:	C.O. Issua	nce Date:	
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. Trees 2 Trusses, LLC Print Name: Alan Lawson Designation: Phone/Fax: 870-219-6672					
Print Name : Alca / G	ulson	Designation:	Phone/Fax	⁶ 870-219-6672	
Email: Alan w lawson @ Hotmall . Com					
Signature: Date: 7-29-11					