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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
Property Information		Parcel No. (if known)
Address: 2107 windwood cv	City: Jonesboro	
Zoning Classification: R-1		
Please describe proposed use: Single Family		
Applicant's Name: Trees 2 Trusses		
Address: 1400 woodsprings		
City: Jonesboro	State: AR	ZIP Code: 72401
Phone: 870-219-6672	Email Address: Alanwlawson@hotmail.com	
Arkansas Contractor License #: 0202210711	Privilege #: 1695	
Owner's Name: (If Same, Input Same) Rex Haney		
Address: 1610 Patti Park		
City: Jonesboro	State: AR	ZIP Code: 72401
Phone: 935-9373	Email Address: Rexhaney@yahoo.com	
One (1) Copy of Site Plan: <input checked="" type="radio"/> Yes / <input type="radio"/> No (Please circle)	One (1) Set of Construction Documents: <input checked="" type="radio"/> Yes / <input type="radio"/> No (Please circle)	
One (1) Copy of SWPPP: Yes / <input checked="" type="radio"/> No (Please circle)	Code Review Included: Yes / <input checked="" type="radio"/> No (Please circle)	
Type of Construction: Single Family	CONTRACTED PRICE OF PROJECT: \$ 135,000 12	
Seismic Zone #3 Signed Certification: Yes / <input checked="" type="radio"/> No (Please circle)		
Engineering Firm: N/A		
Engineer's Certification and Signature: Yes / <input checked="" type="radio"/> No (Please circle)		Phone:
Address:	City:	State:
Architectural Firm/Plans Drawn By: Mattix Building Design		
Architect's Certification and Signature: Yes / <input checked="" type="radio"/> No (Please circle)		Phone: 870-935-9700
Address: PO Box 1841	City: Jonesboro	State: AR 72403
Floodplain: Yes / <input checked="" type="radio"/> No (Please circle)		Flood Zone :
Floodplain Permit: Yes / <input checked="" type="radio"/> No (Please circle)		
FEMA CLOMR/LOMR Required: Yes / <input checked="" type="radio"/> No (Please circle)	GF Issuance:	Certificate #:

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TYPE OF IMPROVEMENT:	PROPOSED USE:
New Building: <i>Single Family</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:


APPROVED

Engineering Remarks:

Building Department Remarks:

Review Status:

Zoning:	Engineering:	Building:	C.O. Issuance Date:
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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.

Trees 2 Trusses LLC

Print Name : <i>Alan Lawson</i>	Designation:	Phone/Fax: <i>870-219-6672</i>
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Email: *Alan w lawson @ Hotmail .com*

Signature: <i>Alan Lawson</i>	Date: <i>7-29-11</i>
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