



SP12-257  
**ORIGINAL**  
Commercial SP12-257

<b>APPLICATION FOR RESIDENTIAL BUILDING &amp; ZONING PERMIT APPLICATION</b>		
Planning & Zoning, P.O. Box 1845, Jonesboro, AR 72403 – (870) 932-0406, fax (870) 336-3036 www.jonesboro.org		
<b>(OFFICE USE ONLY) PERMIT NO. ISSUED:</b> SP 12-257		<b>DATE:</b> 11/5/12
<b>Property Information</b>		Parcel No. (if known)
Address: 3115 Parker Annex		City Jonesboro
Zoning Classification: RM12-LUO		
Please describe proposed use: (2) Triplexs & (1) 4Plex Apartments		
<b>Applicant's Name:</b> Bob W Harrison Construction, LLC		
Address: P.O. Box 19118		
City: Jonesboro	State: AR	ZIP Code: 72403
Phone: (870) 935-5092	Email Address: bobharrisonteam@gmail.com	
Arkansas Contractor License #: 0109940112	Privilege #: BOHAR01	
<b>Owner's Name:</b> (If Same, Input Same) SAME		
Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
One (1) Copy of Site Plan: Yes / No <i>(Please circle)</i>		
One (1) Set of Construction Documents: Yes / No <i>(Please circle)</i>		
One (1) Copy of SWPPP: Yes / No <i>(Please circle)</i>		
Code Review Included: Yes / No <i>(Please circle)</i>		
Type of Construction: <b>Frame</b>	CONTRACTED PRICE OF PROJECT: \$ 500,000	
Seismic Zone #3 Signed Certification: Yes / No <i>(Please circle)</i>		
Engineering Firm: <b>McAlister Engineering</b>		
Engineer's Certification and Signature: Yes / No <i>(Please circle)</i>		Phone: 870-931-1420
Address:	City:	State:
Architectural Firm/Plans Drawn By: <b>William Wage, Architect</b>		
Architect's Certification and Signature: Yes / No <i>(Please circle)</i>		Phone: 870-336-3999
Address:	City:	State:
Floodplain: Yes / No <i>(Please circle)</i>		
Flood Zone :		
Floodplain Permit: Yes / No <i>(Please circle)</i>		
FEMA CLOMR/LOMR Required: Yes / No <i>(Please circle)</i>	GF Issuance:	Certificate #:



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<b>TYPE OF IMPROVEMENT:</b>		<b>PROPOSED USE:</b>	
New Building:	Yes, all brick exterior	Multi-Family:	Yes No of Units: 10
Addition:		Institution:	
Alteration:			
Demolition:		Temporary Structure:	
Moving:		Home Occupation:	
Foundation Only:		Storage Shed:	
Pool:		Fence:	
Accessory Apartment:		Pool House:	
Other:			
<b>COMMENTS (OFFICE USE ONLY)</b>			
Planners Remarks:			
Engineering Remarks:			
Building Department Remarks:			
Review Status:			
Zoning:	Engineering:	Building:	C.O. Issuance Date:
<b>APPLICANT'S CERTIFICATION</b>			
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 :	Bob W Harrison	Owner	(870) 935-5092/935-5095 fax
Email:	bobharrisonteam@gmail.com		
<b>Signature:</b>			Date: 10/31/12

