



## 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 Edgemont Park Phase 1			Parcel No. (if known)		
Address: Paragould Dr.	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					
<sup>City:</sup> Jonesboro	State: AR		ZIP Code: 72403		
Phone: 870-919-7700	Email Address: mark@markmorrishomes.com				
Arkansas Contractor License #:	Privilege #:				
Owner's Name: (If Same, Input Same) Same					
Address:					
City:	State:		ZIP Code:		
Phone:	Email Address:				
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 (Please circle)	Three (3) Complete Set of Construction Documents: Yes / No (Please circle)				
Type of Construction:	Code Review Included: Yes / No (Please circle)				
Seismic Zone #3 Signed Certification: Yes / No (Please circle)					
Engineering Firm: Mark Morris P.E.					
Engineer's Certification and Signature: Yes / No (Please circle)		Phone:			
Address:	City:	Sta	te:		
Architectural Firm:		·			
Architect's Certification and Signature: Yes / No (Please circle)		Phone:			
Address:	City: State		te:		
CONTRACTED PRICE OF PROJECT: \$					
Flood Plain: Yes / No (Please circle)			Flood Zone District:		
Elevation Certificate Required: Yes / No (Please circle)					
FEMA CLOMA/LOMA Required: Yes / No (Please circle)  GF Issuance:		Certificate #:			

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TYPE OF IMPROVEMEN	E OF IMPROVEMENT (CHECK ALL THAT APPLY): PROPOSED USE (CHECK ALL THAT APPLY):				
New Building:		Multi-Family:	Multi-Family:		
Addition:		Institution:			
Interior Alteration:		Assembly:			
Demolition:		Industrial:			
Moving:		Business:			
Foundation Only:		Storage:			
Change of Use:		Mercantile:			
Sign:		Hazardous:	Hazardous:		
Site & Drainage/Grading Po	ermit:				
Other: FINAL APP	ROVAL residential su	ıhdivision			
111471127111		(OFFICE USE ONLY)			
Planners Remarks:					
Fire Inspections Remarks:					
Sanitation Department Rer	marks:				
Engineering Remarks:					
Building Department Rema	arks:				
Review Status:					
Zoning Dept.:	Engineering Dept.:	ire Marshall:	Building Dept.:		
	APPLICANT	'S CERTIFICATION			
I certify that the answers t knowledge.	o the above questions and any stat	tements made on same are	true and complete to the best of my		
Print Name: Mark M	orris	Designation:  OWNER	Phone/Fax: 870-919-7700		
Email: mark@mai	rkmorrishomes.com		010 717 1100		
Signature: Mark B Morris			Date: 10/30/2020		