planning @ lonesboio. org





APPLICATION FOR COMMERCIAL BUILDING & ZONING PERMIT - INCLUDES MULTI-FAMILY 3+ UNITS

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:	
Property Information			Parcel No. (if known)
Address: ZZOO Stapium	ess: ZZOO Stapium City Junesboa		•
Zoning Classification:			
Please describe proposed use: CAR DEAIERShip			
Applicant's Name: CARChoice LLC			
Address: 3612 Stasium Bus			
city: Janes buse	State:		ZIP Code: 73404
Phone: 870-761-4000	Email Address:		
Arkansas Contractor License #:	Privilege #:		
Owner's Name: (If Same, Input Same)			
Address:	7.0		
City:	State:		ZIP Code:
Phone:	Email Address:		
Asbestos Requirement (State of Arkansas): Statinspections prior to renovation or alterations of conceptation of Environmental Quality (ADEQ) at	ommercial struct	ures. You are	
Three (3) Copies of Site Plan: Yes / No (Please circle)	Three (3) Complete Set of Construction Documents: Yes / No (Please direle)		
Type of Construction:	Code Review Included: Yes / No (Please circle)		
Seismic Zone #3 Signed Certification: Yes / No (Please cin	cle)		
Engineering Firm:			
Engineer's Certification and Signature: Yes / No (Please circle)		Phone:	
Address:	City:	State:	
Architectural Firm:			
Architect's Certification and Signature: Yes / No (Please circle)		Phone:	
Address:	City:	City: State:	
CONTRACTED PRICE OF PROJECT: \$			
Flood Plain: Yes / No (Please circle) Flood Zone District:			Flood Zone District:
Elevation Certificate Required: Yes / No (Please circle)			
FEMA CLOMA/LOMA Required: Yes / No (Please circle)	GF Issuance:		Certificate #:

APPLICATION FOR COMMERCIAL BUILDING & ZONING PERMIT APPLICATION PAGE 2 TYPE OF IMPROVEMENT: PROPOSED USE: New Building: Multi-Family: Addition: Institution: Interior Alteration: Assembly: Demolition: Industrial: Moving: Business: Foundation Only: Storage: Change of Use: Mercantile: Hazardous: Site & Drainage/Grading Permit:) & \(\) Other: 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.: 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 : Designation: Phone/Fax: 870-761-4000 rayosment eyahoo.com Email:

Signature: