

2FR15-



**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: 2FR15-		DATE: 3/17/15
Property Information		Parcel No. (if known)
Address: 1620 N. PATRICK	City: Jonesboro	
Zoning Classification: R-1		
Please describe proposed use: Mobile Home - Residential Design		
Applicant's Name: Mildred Cunningham		
Address: 1622 N. PATRICK		
City: Jonesboro	State: AR	ZIP Code: 72401
Phone: 870-316-9238	Email Address:	
Arkansas Contractor License #:	Privilege #:	
Owner's Name: (If Same, Input Same) SAME		
Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
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)	
Type of Construction:	Code Review Included: Yes / No (Please circle)	
Seismic Zone #3 Signed Certification: Yes / No (Please circle)		
Engineering Firm:		
Engineer's Certification and Signature: Yes / No (Please circle)	Phone:	
Address:	City:	State:
Architectural Firm/Plans Drawn By:		
Architect's Certification and Signature: Yes / No (Please circle)	Phone:	
Address:	City:	State:
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 IMPROVEMENT:		PROPOSED USE:	
New Building: <i>Mobile Home</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:			
Engineering Remarks:			
Building Department Remarks:			
Review Status:			
Zoning:	Engineering:	Building:	C.O. Issuance Date:
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.			
<i>Mildred Cunningham</i>			
Print Name :	Designation:	Phone/Fax:	
Email:			
Signature: <i>Mildred Cunningham</i>		Date: <i>3-17-20</i>	

**OWNER/BUILDER AFFIDAVIT
CITY OF JONESBORO, ARKANSAS**

Ark. Code Ann. §17-25-501 et seq. requires a residential license for certain residential buildings.

A property owner who acts as a residential building contractor for the purpose of constructing his own residence is not required to have a residential building license to make application for a building permit of a single family residence that is intended to be the property owners residence, unless the property owner constructs more than one residence per calendar year.

PROPERTY ADDRESS 1620 N. Patrick

Now, on this 17 day of March, 2015, I, Mildred Cunningham
(Please print your name)

declare that I am applying for a building permit for the above described property; that I will be responsible for performing the work and meeting the requirements of all codes, ordinances, and laws; that I am the owner of the above described property; that I am an occupant of the property; and that the intent of the use of the property is by the owner as a single family residence. Therefore, I am not required to have a residential building license.

Owner's Signature Mildred Cunningham **Date** 3-17-20