



## APPLICATION FOR HOUSE, BUILDING, OR STRUCTURE DEMOLITION PERMIT

Building Inspections Dept., P.O. Box 1845, Jonesboro, AR 72403 – (870) 933-4602, fax (870) 933-4618 www.jonesboro.org

(OFFICE USE ONLY) PERMIT NO. ISSUED:		DATE:
Property Information	Management Communication of the Communication of th	Parcel No. (if known)
Address:	City	
Zoning Classification:		
Building Description:		
Demolition Method:		
Demolition Dates: Start	End	
Owner's Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
Contractor's Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
Arkansas Contractor License #:	Privilege #:	
Waste Disposal Site:		
Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
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All site demolition shall be performed in accordance.	ce with all local state, and feder	al regulations

- All site demolition shall be performed in accordance with all local, state, and federal regulations
- Please make checks payable to the City of Jonesboro in the amount of \$50.00.