



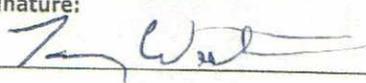
APPLICATION FOR RESIDENTIAL BUILDING & ZONING PERMIT APPLICATION

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:		DATE:
Property Information		Parcel No. (if known) 01-143274-01100
Address: 2953 Woodsprings Road	City Jonesboro	
Zoning Classification: Residential		
Please describe proposed use: Barn, Home Office Area		
Applicant's Name: Tommy Westbrook		
Address: 301 Union Street		
City: Jonesboro	State: AR	ZIP Code: 72401
Phone: 870-273-5992	Email Address: westbrookpremierbuilders@gmail.com	
Arkansas Contractor License #: 0320640720	Privilege #: 3432	
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="checkbox"/> Yes / No (Please circle)		
One (1) Set of Construction Documents: <input checked="" type="checkbox"/> Yes / No (Please circle)		
Type of Construction: New		
Code Review Included: Yes / No (Please circle)		
Seismic Zone #3 Signed Certification: Yes <input checked="" type="checkbox"/> No (Please circle)		
Engineering Firm:		
Engineer's Certification and Signature: Yes <input checked="" type="checkbox"/> No (Please circle)		Phone:
Address:	City:	State:
Architectural Firm/Plans Drawn By: Greg Haag		
Architect's Certification and Signature: Yes <input checked="" type="checkbox"/> No (Please circle)		Phone:
Address:	City:	State:
CONTRACTED PRICE OF PROJECT: \$ 200,000.00		
Flood Plain: Yes <input checked="" type="checkbox"/> No (Please circle)		
Flood Zone District:		
Elevation Certificate Required: Yes <input checked="" type="checkbox"/> No (Please circle)		
FEMA CLOMA/LOMA Required: Yes <input checked="" type="checkbox"/> No (Please circle)	GF Issuance:	Certificate #:

(Please sign Page 2)

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TYPE OF IMPROVEMENT:		PROPOSED USE:	
New Building: Yes Barn		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.			
Print Name : Tommy Westbrook		Designation: Contractor	Phone/Fax: 870-273-5992
Email: westbrookpremierbuilders@gmail.com			
Signature: 		Date: 8/26/2019	