



**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

<b>(OFFICE USE ONLY) PERMIT NO. ISSUED:</b>		<b>DATE:</b> 6.6.17	
<b>Property Information</b> 1020		Parcel No. (if known)	
Address: <del>1020</del> 1020 Warner Ave		City: Jonesboro	Ar 72401
Zoning Classification: R-2			
Please describe proposed use: 6 FT Fence in Back of Property			
<b>Applicant's Name:</b> Jacob Jerez			
Address: 1020 Warner Ave			
City: Jonesboro	State: Ar	ZIP Code: 72401	
Phone: 870 530-5136	Email Address: SacaJerez@gmail.com		
Arkansas Contractor License #:	Privilege #:		
<b>Owner's Name:</b> (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: 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:			
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: \$ 2000			
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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<b>TYPE OF IMPROVEMENT:</b>	<b>PROPOSED USE:</b>
New Building:	Multi-Family: <span style="float: right;">No of Units:</span>
Addition:	Institution:
Alteration:	
Demolition:	Temporary Structure:
Moving:	Home Occupation:
Foundation Only:	Storage Shed:
Pool:	Fence: <i>6 FT WOOD Fence</i>
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:
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**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 : <i>Saco Jerez</i>	Designation:	Phone/Fax: <i>870 530 5136</i>
Email: <i>Jacob Jerez</i>		
Signature: <i>Saco Jerez</i>	Date: <i>6/6/17</i>	