

**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

<b>(OFFICE USE ONLY) PERMIT NO. ISSUED:</b>		<b>DATE:</b>	
<b>Property Information</b>		Parcel No. (if known)	
Address: <u>2822 E. NETLETON</u>		City: <u>JONESBORO</u>	
Zoning Classification: <u>C-3</u>			
Please describe proposed use: <u>PHARMACY</u>			
Applicant's Name: <u>SOO'S PHARMACY</u>			
Address: <u>2905 E. NETLETON</u>			
City: <u>JONESBORO</u>		State: <u>AR</u>	ZIP Code: <u>72401</u>
Phone: <u>932-6930</u>		Email Address:	
Arkansas Contractor License #:		Privilege #:	
Owner's Name: (If Same, Input Same) <u>SAME</u>			
Address:			
City:		State:	ZIP Code:
Phone:		Email Address:	
<b>Asbestos Requirement (State of Arkansas): State regulations require contractors to have lead and asbestos inspections prior to renovation or alterations of commercial structures. You are required to contact: Arkansas Department of Environmental Quality (ADEQ) at: 501-682-0718.</b>			
Three (3) Copies of Site Plan: <input checked="" type="radio"/> Yes / No (Please circle)		Three (3) Complete 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: <u>CIVILOGIC</u>			
Engineer's Certification and Signature: <input checked="" type="radio"/> Yes / No (Please circle)		Phone: <u>932-7080</u>	
Address: <u>203 S.W. DRIVE</u>		City: <u>JBR</u>	State: <u>AR 72401</u>
Architectural Firm: <u>LITTLE &amp; ASSOC</u>			
Architect's Certification and Signature: Yes / No (Please circle)		Phone: <u>930-3813</u>	
Address: <u>501 UNION</u>		City: <u>JBR</u>	State: <u>AR</u>
CONTRACTED PRICE OF PROJECT: \$ <u>309,885 -</u>			
Flood Plain: Yes / <input checked="" type="radio"/> No (Please circle)		Flood Zone District: <u>X</u>	
Elevation Certificate Required: Yes / <input checked="" type="radio"/> No (Please circle)			
FEMA CLOMA/LOMA Required: Yes / <input checked="" type="radio"/> No (Please circle)		GF Issuance:	Certificate #:

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<b>TYPE OF IMPROVEMENT:</b>	<b>PROPOSED USE:</b>
New Building:	Multi-Family:
Addition:	Institution:
Interior Alteration:	Assembly:
Demolition:	Industrial:
Moving:	Business:
Foundation Only:	Storage:
Change of Use:	Mercantile:
Sign:	Hazardous:
Site & Drainage/Grading Permit:	

Other:

**COMMENTS (OFFICE USE ONLY)**

Planners Remarks:

 **APPROVED**

Fire Inspections Remarks:

Sanitation Department Remarks:

Engineering Remarks:

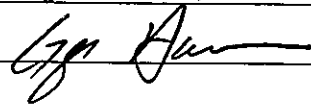
Building Department Remarks:

Review Status:

Zoning Dept.:	Engineering Dept.:	Fire Marshall:	Building Dept.:
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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>George Hammel</i>	Designation:	Phone/Fax: <i>932-7880 / 972-9662</i>
Email: <i>george@civilogic.net</i>		
Signature: 	Date: <i>12/08/10</i>	