



**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> 8/21/19	
<b>Property Information</b>		Parcel No. (if known)	
Address: 1628 Cedar Ridge Lane		City: Jonesboro	
Zoning Classification:			
Please describe proposed use: Storage building/detached garage			
Applicant's Name: Kevin James			
Address: 1628 Cedar Ridge Lane			
City: Jonesboro		State: AR	ZIP Code: 72404
Phone: 870-761-8939		Email Address: kjames@crgtherapy.com	
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: Yes / No (Please circle)		One (1) Set of Construction Documents: Yes / No (Please circle)	
Type of Construction: Square Port Buildings		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: \$ 19,475.00			
Flood Plain: Yes / <u>No</u> (Please circle)		Flood Zone District:	
Elevation Certificate Required: Yes / <u>No</u> (Please circle)			
FEMA CLOMA/LOMA Required: Yes / <u>No</u> (Please circle)		GF Issuance:	Certificate #:

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<b>TYPE OF IMPROVEMENT:</b>		<b>PROPOSED USE:</b>	
New Building: <b>YES</b>		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:			
<b>COMMENTS (OFFICE USE ONLY)</b>			
Planners Remarks:			
Engineering Remarks:			
Building Department Remarks:			
Review Status:			
Zoning:	Engineering:	Building:	C.O. Issuance Date:
<b>APPLICANT'S CERTIFICATION</b>			
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 :	Designation:	Phone/Fax:	
Email:			
<b>Signature:</b>			Date: