



**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: <i>Hwy 351 &amp; MACEDONIA RD</i>		City: <i>J'BORO</i>	
Zoning Classification: <i>C-3 &amp; PD-16</i>			
Please describe proposed use: <i>LOT 2 - COMMERCIAL RETAIL &amp; LOT 1 - CONDOMINIUM</i>			
<b>Applicant's Name:</b> <i>CBO INTERPRISES, LLC</i>			
Address: <i>PO Box 19068</i>			
City: <i>JONESBORO</i>	State: <i>AR</i>	ZIP Code: <i>72401</i>	
Phone: <i>870-243-7915</i>	Email Address:		
Arkansas Contractor License #:	Privilege #:		
<b>Owner's Name:</b> (If Same, Input Same) <i>SAME</i>			
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: 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: <i>CARLOS WOOD, P.E.</i>			
Engineer's Certification and Signature: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No (Please circle)		Phone: <i>870-972-8335</i>	
Address: <i>148 CR 375</i>	City: <i>BOND</i>	State: <i>AR</i>	
Architectural Firm:			
Architect's Certification and Signature: Yes / No (Please circle)		Phone:	
Address:	City:	State:	
CONTRACTED PRICE OF PROJECT: \$			
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)**