



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)
Address: <u>1909 LARK Drive</u>	City: <u>Jonesboro</u>	
Zoning Classification: <u>R1</u>		
Please describe proposed use: <u>Fence on 2 sides of backyard</u>		
Applicant's Name: <u>Ronnie D. Hedger</u>		
Address: <u>1909 LARK Drive</u>		
City: <u>Jonesboro</u>	State: <u>AR</u>	ZIP Code: <u>72401</u>
Phone: <u>870-935-8382</u>	Email Address: <u>arhedg@sbcglobal.net</u>	
Arkansas Contractor License #:	Privilege #:	
Owner's Name: (If Same, Input Same) <u>Ronnie & Alice Hedger</u>		
Address: <u>1909 Lark Drive</u>		
City: <u>Jonesboro</u>	State: <u>AR</u>	ZIP Code: <u>72401</u>
Phone: <u>870-935-8382</u>	Email Address: <u>arhedg@sbcglobal.net</u>	
One (1) Copy of Site Plan: Yes / <input checked="" type="radio"/> No (Please circle)	One (1) Set of Construction Documents: Yes / <input checked="" type="radio"/> No (Please circle)	
Type of Construction: <u>Fence</u>	Code Review Included: Yes / <input checked="" type="radio"/> No (Please circle)	
Seismic Zone #3 Signed Certification: Yes / No (Please circle)		
Engineering Firm:		Phone:
Engineer's Certification and Signature: Yes / No (Please circle)		City:
Address:		State:
Architectural Firm/Plans Drawn By:		Phone:
Architect's Certification and Signature: Yes / No (Please circle)		City:
Address:		State:
CONTRACTED PRICE OF PROJECT: \$		
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 #:

(Please sign Page 2)

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TYPE OF IMPROVEMENT:	PROPOSED USE:
New Building:	Multi-Family: No of Units:
Addition:	Institution:
Alteration:	
Demolition:	Temporary Structure:
Moving:	Home Occupation:
Foundation Only:	Storage Shed:
Pool:	Fence: <i>2 sides of backyard</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>Ronnie O. Hedger</i>	Designation:	Phone/Fax:
Email: <i>arhedg@sbcglobal.net</i>		
Signature: <i>Ronnie O. Hedger</i>	Date: <i>9/3/19</i>	