

City of

Jonesboro

ARKANSAS



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) 01-133034-11400
Address: 5400 EMERSON LN. City JONESBORO		AR, 72404
Zoning Classification: PRIVATE RESIDENTIAL		
Please describe proposed use: PRIVATE RESIDENTIAL		
Applicant's Name: STEPHEN SEXTON		
Address: 2612 GALLAWAY LN.		
City: JONESBORO	State: AR	ZIP Code: 72404
Phone: 870-273-5456	Email Address: stephengs01@yahoo.com	
Arkansas Contractor License #: 0241181019	Privilege #: INBYD01	
Owner's Name: (If Same, Input Same) SAME		
Address: —		
City: —	State: —	ZIP Code: —
Phone: —	Email Address: —	
One (1) Copy of Site Plan: <input checked="" type="radio"/> Yes / No (Please circle)		
One (1) Set of Construction Documents: <input checked="" type="radio"/> Yes / No (Please circle)		
Type of Construction: SINGLE FAMILY		
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: NELSON DESIGN GRP.		
Architect's Certification and Signature: Yes / No (Please circle)		Phone: 870-219-1019
Address: 5210 STADIUM BLVD.	City: J'BORO	State: AR
CONTRACTED PRICE OF PROJECT: \$ 420,000.		
Flood Plain: Yes / No (Please circle)		
Flood Zone District:		
Elevation Certificate Required: Yes / No (Please circle)		
FEMA CLOMA/OMA Required: Yes / No (Please circle)	GF Issuance:	Certificate #:

(Please sign Page 2)

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TYPE OF IMPROVEMENT:		PROPOSED USE:	
New Building:	House	Multi-Family:	No of Units:
Addition:		Institution:	
Alteration:			
Demolition:		Temporary Structure:	
Moving:		Home Occupation:	
Foundation Only:		Storage Shed:	
Pool:	POOL	Fence:	
Accessory Apartment:		Pool House:	
Other:	WORKSHOP = 24' L x 24' W x 14' H		
COMMENTS (OFFICE USE ONLY)			
Planners Remarks:			
Engineering Remarks:			
Building Department Remarks:			
Review Status:			
Zoning:	Engineering:	Building:	C.O. Issuance Date:
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 :	STEPHEN SEXTON	Designation:	Phone/Fax: 870-273-5456
Email:	stephengs01@yahoo.com		
Signature:			Date:

**OWNER/BUILDER AFFIDAVIT
CITY OF JONESBORO, ARKANSAS**

Ark. Code Ann. §17-25-501 et seq. requires a residential license for certain residential buildings.

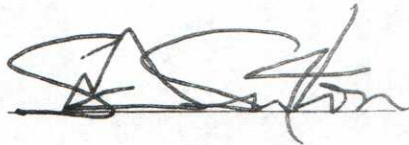
A property owner who acts as a residential building contractor for the purpose of constructing his own residence is not required to have a residential building license to make application for a building permit of a single family residence that is intended to be the property owners residence, unless the property owner constructs more than one residence per calendar year.

PROPERTY ADDRESS 5400 EMERSON LANE
JONESBORO, AR 72404

Now, on this _____ day of _____, 2020, I, STEPHEN SEXTON
(Please print your name)

declare that I am applying for a building permit for the above described property; that I will be responsible for performing the work and meeting the requirements of all codes, ordinances, and laws; that I am the owner of the above described property; that I am an occupant of the property; and that the intent of the use of the property is by the owner as a single family residence. Therefore, I am not required to have a residential building license.

Owner's Signature



Date _____