City of

Onesboro SP12-265

ARKANSA MANA

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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

(OFFICE USE ONLY) PERMIT NO. ISSUED: \mathcal{SP}	12-265		DATE: ((14 12	
Property Information			Parcel No. (if known)	
Address: 4915 E. Nettleton	City Jones	6000		
Zoning Classification:				
Please describe proposed use: Santuary / Day Care				
Applicant's Name: Lizzie MAKIS / Anjointed Praise Dutreach				
Address:				
4915 E. Neffleton				
city: Jones boro	State: AR		ZIP Code: 72 401	
Phone: 901-347-4162	Email Address: Lizmays & Yahoo. Com			
Arkansas Contractor License #:	Privilege #:			
Owner's Name: (If Same, Input Same)				
Address:				
City:	State:		ZIP Code:	
Phone:	Email Address:			
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.				
Three (3) Copies of Site Plan Yes No (Please circle)	Three (3) Complete Set of Construction Documents: Yes/ No (Please circle)			
pe of Construction: Vn+erior 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:	5	State:	
Architectural Firm:	·			
Architect's Certification and Signature: Yes / No (Please circle)		Phone:		
Address:	City:	State:		
CONTRACTED PRICE OF PROJECT: \$ 950.00				
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: Cert		Certificate #:	

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TYPE OF IMPROVEMENT:	PROPOSED USE:		
New Building:	Multi-Family:		
Addition:	Institution:		
Interior Alteration: Remove Walls	Assembly:		
Demolition:	Industrial:		
Moving:	Business:		
Foundation Only:	Storage:		
Change of Use: Santuary?	Mercantile:		
Sign:	Hazardous:		
Site & Drainage/Grading Permit:			
Other:			
COMMENTS (OFFICE USE ONLY)			
Planners Remarks:			
Fire Inspections Remarks:			
Sanitation Department Remarks:			
Engineering Remarks:			
Building Department Remarks:			
Review Status:			
	e Marshall: Building Dept.:		
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: Lizzle MAYS De	Phone/Fax: 90(-347-4162		
Email:			
Signature: Date: 11-14-12			
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