

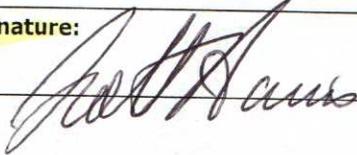


**APPLICATION FOR RESIDENTIAL BUILDING & ZONING PERMIT
APPLICATION**

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: 9/10/19
Property Information		Parcel No. (if known)
Address: 309 LESLIE ANN DR.	City: JONESBORO	
Zoning Classification: R-1		
Please describe proposed use: PERSONAL/HOBBY Storage 30x30		
Applicant's Name: W. SCOTT HARRIS		
Address: 309 LESLIE ANN DR.		
City: JONESBORO	State: AR	ZIP Code: 72405
Phone: 870-926-2061	Email Address: SSHARRIS34@HOTMAIL.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:	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: \$ 16,739		
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 #:

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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:	30x30
Pool:		Fence:	
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:
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:	Designation:	Phone/Fax:	
W. SCOTT HARRIS		870-926-2061	
Email:			
Signature:	Date:		
	9/10/19		

**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 309 LESLIE ANN DR.
JONESBORO, AR 72401

Now, on this 10TH day of SEPTEMBER, 2019, I, W. SCOTT HARRIS
(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** 9/10/19