



**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) 933-4668  
www.jonesboro.org

<b>(OFFICE USE ONLY) PERMIT NO. ISSUED:</b>		<b>DATE:</b>
<b>Property Information</b>		Parcel No. (if known)
Address: 4500 E. JOHNSON AVE.		City JONESBORO
Zoning Classification: C-3		
Please describe proposed use: CONVENIENCE STORE		
<b>Applicant's Name:</b> CARLOS WOOD c/o shafeeq Khimani		
Address: 14310, TASMANIA CT		
City: HOUSTON SUGAR LAND	State: TX	ZIP Code:
Phone: (281) 451 3338	Email Address: SHARAFKHI@YAHOO.COM	
Arkansas Contractor License #: N/A.	Privilege #: N/A.	
<b>Owner's Name:</b> (If Same, Input Same) SAME		
Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
Three (3) Copies of Site Plan: <input checked="" type="radio"/> Yes / No (Please circle)	Three (3) Complete Set of Construction Documents: Yes / No (Please circle)	
Type of Construction: C STORE	Code Review Included: Yes / No (Please circle)	
Seismic Zone #3 Signed Certification: Yes / No (Please circle)		
Engineering Firm: CARLOS WOOD, P.E.		
Engineer's Certification and Signature: Yes / No (Please circle)		Phone: 972-8335
Address: 122 CR 375	City: BONO	State: AR
Architectural Firm: TO BE DETERMINED		
Architect's Certification and Signature: Yes / No (Please circle)		Phone:
Address:	City:	State:
CONTRACTED PRICE OF PROJECT: \$		
<b>FOR OFFICE USE ONLY</b>		
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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<b>TYPE OF IMPROVEMENT:</b>	<b>PROPOSED USE:</b>
New Building: <input checked="" type="checkbox"/> 5600 SFT.	Multi-Family:
Addition:	Institution:
Interior Alteration:	Assembly:
Demolition:	Industrial:
Moving:	Business:
Foundation Only:	Storage:
Change of Use:	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:

Zoning Dept.:	Engineering Dept.:	Fire Marshall:	Building Dept.:
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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 : CARLOS WOOD / SHAFEEQ KHIMANI	Designation:	Phone/Fax: (870) 919 3900 (281) 451 3338
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Email: SHARAFKHI@YAHOO.COM

Signature: 	Date: 03/28/2013
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