



**APPLICATION FOR COMMERCIAL BUILDING & ZONING PERMIT
- INCLUDES MULTI-FAMILY 5+ 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: SP 16-187		DATE: 6/30/16
Property Information		Parcel No. (if known)
Address: 6119 E Highland	City Jonesboro	
Zoning Classification: C-3		
Please describe proposed use: Kennel - fence		
Applicant's Name: City of Jonesboro / Animal Control		
Address:		
City: Jonesboro	State: AR	ZIP Code: 72401
Phone:	Email Address:	
Arkansas Contractor License #:	Privilege #:	
Owner's Name: (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:	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:		
Architect's Certification and Signature: Yes / No (Please circle)		Phone:
Address:	City:	State:
CONTRACTED PRICE OF PROJECT: \$ 57700		
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 #:

APPLICATION FOR COMMERCIAL BUILDING & ZONING PERMIT APPLICATION PAGE 2

TYPE OF IMPROVEMENT:	PROPOSED USE:
New Building:	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: *Fence - Dog Kennels*

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.:
---------------	--------------------	----------------	-----------------

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>Mike Owens</i>	Designation:	Phone/Fax: <i>870-935-3920</i>
--------------------------------	--------------	--------------------------------

Email: <i>mowens @ Jonesboro. org</i>	Date: <i>6-30-16</i>
---------------------------------------	----------------------

Signature: <i>[Handwritten Signature]</i>	Date: <i>6-30-16</i>
---	----------------------

