City of Jonesboro ARKANSAS

ORIGINAL

SP-10-42

#2441

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:		**DATE:**
Property Information		Parcel No. (if known) 01-144324-00700
Address: 1424 LINKS CR.	City JONESBORO	
Zoning Classification: R-3		
Please describe proposed use: MULTI-FAMILY		
Applicant's Name: LINDSEY MANAGEMENT CO.		
Address: 1200 E. JOYCE BLVD.		
City: FAYETTEVILLE	State: AR.	ZIP Code: 72703
Phone: 479.521.6686	Email Address: kim.fugitt@fugittarc.com	
Arkansas Contractor License #: 0001820810	Privilege #:	
Owner's Name: (If Same, Input Same) SAME		
Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	

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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)*
Type of Construction: V.A.	Code Review Included: (Yes) / No *(Please circle)*
Seismic Zone #3 Signed Certification: (Yes) / No *(Please circle)*	
Engineering Firm: CRAFTON, TULL, SPARKS	
Engineer's Certification and Signature: (Yes) / No *(Please circle)*	Phone: 501-664-3245
Address: 10825 FIN. CTR. PKW	City: LR State: AR
Architectural Firm: WM. KIM FUGITT, A.I.A.	
Architect's Certification and Signature: (Yes) / No *(Please circle)*	Phone: 479.521.6686
Address: SAME	City: State:
CONTRACTED PRICE OF PROJECT: $ 11,600,000.00	
Flood Plain: Yes / (No) *(Please circle)*	Flood Zone District: N/A
Elevation Certificate Required: Yes / (No) *(Please circle)*	
FEMA CLOMA/LOMA Required: Yes / (No) *(Please circle)*	GF Issuance: Certificate #:

(Please sign Page 2)

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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:	

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: WM. KIM FUGITT	Designation: REPRESENTATIVE	Phone/Fax: 479.521.4486
Email: kim.fugitt@fugittarc.com		479.527.8855
Signature:		Date: 2/24/10