



APPLICATION FOR COMMERCIAL BUILDING & ZONING PERMIT APPLICATION

Planning & Zoning, P.O. Box 1845, Jonesboro, AR 72403 – (870) 932-0406, fax (870) 933-4668
www.jonesboro.org

(OFFICE USE ONLY) PERMIT NO. ISSUED:		DATE:
Property Information		Parcel No. (if known) <u>01-134091-00700</u>
Address: 5306-B Apt Drive	City: Jonesboro	
Zoning Classification: RM-8 LUO		
Please describe proposed use: Mult-Family Residential		
Applicant's Name: Tuner Real Estate		
Address: P.O. Box 16902		
City: Jonesboro	State: AR	ZIP Code: 72403
Phone: 870-926-5472	Email Address:	
Arkansas Contractor License #: 0166010914	Privilege #:	
Owner's Name: (If Same, Input Same) Same		
Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
Three (3) Copies of Site Plan: Yes / No <i>(Please circle)</i>	Three (3) Complete Set of Construction Documents: Yes / No <i>(Please circle)</i>	
Type of Construction: Residential	Code Review Included: Yes / No <i>(Please circle)</i>	
Seismic Zone #3 Signed Certification: Yes / No <i>(Please circle)</i>		
Engineering Firm: Carlos Wood, P.E.		
Engineer's Certification and Signature: Yes / No <i>(Please circle)</i>		Phone: 870-972-8335
Address:	City:	State:
Architectural Firm:		
Architect's Certification and Signature: Yes / No <i>(Please circle)</i>		Phone:
Address:	City:	State:
CONTRACTED PRICE OF PROJECT: \$ 350,000		
FOR OFFICE USE ONLY		
Flood Plain: Yes / No <i>(Please circle)</i>		Flood Zone District:
Elevation Certificate Required: Yes / No <i>(Please circle)</i>		
FEMA CLOMA/LOMA Required: Yes / No <i>(Please circle)</i>	GF Issuance:	Certificate #:

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TYPE OF IMPROVEMENT:	PROPOSED USE:
New Building:	Multi-Family:
Addition:	Institution:
Alteration:	Assembly:
Wrecking:	Industrial:
Moving:	Business:
Foundation Only:	Storage:
Pool:	Mercantile:
Sign:	Hazardous:
Other:	

COMMENTS (OFFICE USE ONLY)

Planners Remarks:

Engineering Remarks:

Building Department Remarks:

Review Status:

Zoning:	Engineering:	Building:	C.O. Issuance Date:
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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 : Lynn Turner	Designation: Owner	Phone/Fax: 870-926-5472
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Email:

Signature: 	Date: 4/25/14
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