



**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

(OFFICE USE ONLY) PERMIT NO. ISSUED:		DATE:
Property Information		Parcel No. (if known) _____
Address:	City:	
Zoning Classification:		
Please describe proposed use:		
Applicant's Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
Arkansas Contractor License #:	Privilege #:	
Owner's Name: (If Same, Input 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:	Code Review Included: Yes / No <i>(Please circle)</i>	
Seismic Zone #3 Signed Certification: Yes / No <i>(Please circle)</i>		
Engineering Firm:		
Engineer's Certification and Signature: Yes / No <i>(Please circle)</i>		Phone:
Address:	City:	State:
Architectural Firm:		
Architect's Certification and Signature: Yes / No <i>(Please circle)</i>		Phone:
Address:	City:	State:
CONTRACTED PRICE OF PROJECT: \$		
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:
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 :	Designation:	Phone/Fax:
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Email:

Signature:	Date:
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