



## 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)	
Address: E. Parker Road (911 Address Not Yet Assigned)	City Jonesboro			
Zoning Classification: Planned Mixed Use Area (PMUA)	•			
Please describe proposed use: Wireless Cellular Tower				
Applicant's Name: Westower, LLC (by SiteExcell, LLC	, its authorized ag	ent)		
Address: (Westower, LLC) 4300 Stockton Drive				
City: North Little Rock	State: AR		ZIP Code: 72217	
Phone: (Scott Lewellen - SiteExcell Agent) 501-231-7800	Email Address: (Scott Lewellen - SiteExcell Agent) scott@siteexcell.com			
Arkansas Contractor License #: 0091630414	Privilege #:			
Owner's Name: (If Same, Input Same) MoBeMe, LLC,	by its authorized	agent, Elizabe	th Moore	
Address: 3206 Rook Road				
City: Jonesboro	State: AR		ZIP Code: 72404	
Phone: 870-219-5263	Email Address: sismoore@suddenlink.net		denlink.net	
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: Yesy No (Please circle)			
pe of Construction: Cellular Tower Code Review Inc		cluded: Yes / No (Please circle)		
Seismic Zone #3 Signed Certification: (Yes) No (Please circle)	)			
Engineering Firm: Central Arkansas Surveying, Inc.				
Engineer's Certification and Signature: (Yes) No (Please circle)		Phone: 501-223-0497		
Address: 11708 Kanis Road	dress: 11708 Kanis Road City: Little Rock		State: AR	
Architectural Firm: N/A				
Architect's Certification and Signature: Yes No Please circle) N/A		Phone:		
Address:	City:		State:	
CONTRACTED PRICE OF PROJECT: \$ 145,000.00				
Flood Plain: Yes (No )Please circle) Flood Zone District:			Flood Zone District:	
Elevation Certificate Required: Yes (No) Please circle)				
EMA CLOMA/LOMA Required: Yes (No )Please circle) GF Issuance:		- 1234 14	Certificate #:	

APPLICATION FOR COMMERCIAL B	UILDING & ZONING PERMI	IT APPLICATION PAGE 2		
TYPE OF IMPROVEMENT:	PROPOSED USE:	2 <sup>1</sup> =		
New Building: Wireless Cellular Tower (Unmanned)	Multi-Family:			
Addition:	Institution:			
Interior Alteration:	Assembly:	"Gred" as relation."		
Demolition:	Industrial:	Walliago de la Colonia de Millione		
Moving:	Business:			
Foundation Only:	Storage:			
Change of Use:	Mercantile:			
Sign:	Hazardous:	Hazardous:		
Site & Drainage/Grading Permit:				
Other:		即为1997年,2015年,这是1997年,1997		
COMMEI	NTS (OFFICE USE ONLY)	基面产品的基础的		
Sanitation Department Remarks:  Engineering Remarks:				
Building Department Remarks:				
Review Status:				
Zoning Dept.: Engineering Dept.:	Fire Marshall:	Building Dept.:		
APPLIC I certify that the answers to the above questions and an knowledge.	ANT'S CERTIFICATION  by statements made on same an	re true and complete to the best of my		
Print Name: Scott Lewellen, SiteExcell, LLC (Agent for Westower, LLC)	Designation: Applicant	Phone/Fax: 501-231-7800		
Email: scott@siteexcell.com				
Signature: Sall Clu	elle	Date:		

## Property Owner Signature Page

APPLI	CATION FOR COMMERCIAL	BUILDING & ZONING PERMI	T APPLICATION PAGE 2		
TYPE OF IMPROVEM	ENT:	PROPOSED USE:			
New Building:		Multi-Family:	Multi-Family:		
Addition:		Institution:			
Interior Alteration:		Assembly:			
Demolition:		Industrial:			
Moving:		Business:	3 2 _		
Foundation Only:	2 7	Storage:	Storage:		
Change of Use:		Mercantile:	Mercantile:		
Sign:		Hazardous:	Hazardous:		
Site & Drainage/Gradin	g Permit:				
Other:					
	ı' COMM	ENTS (OFFICE USE ONLY)			
Planners Remarks:					
7.					
Fire Inspections Remai	rks:				
		** 2 )			
Sanitation Department	Remarks:				
Engineering Remarks:		Andrewson and the second of th			
Building Department R	emarks:				
Review Status:					
Zoning Dept.:	Engineering Dept.:	Fire Marshall:	Building Dept.:		
	APPL	ICANT'S CERTIFICATION			
I certify that the answer	ers to the above questions and a	any statements made on same a	re true and complete to the best of my		
Elizabeth		Designation: Property Owner	Phone/Fax: 870-219-5263		
Email: sismoore@su	idenlink.net				
Signature:	isabeth Moor	re	Date: 3/18/14		

## Tower Developer Signature Page

APPLICATION FOR	R COMMERCIAL BUILD	ING & ZONING PERMIT	APPLICATION PAGE 2		
TYPE OF IMPROVEMENT:		PROPOSED USE:	PROPOSED USE:		
New Building:		Multi-Family:			
Addition:		Institution:			
Interior Alteration:		Assembly:			
Demolition:	rayanaya ya	Industrial:	tean is southerness in their		
Moving:		Business:			
Foundation Only:		Storage:			
Change of Use:		Mercantile:			
Sign:	ile e ename	Hazardous:			
Site & Drainage/Grading Permit:					
Other:	AND SERVICE				
	COMMENTS (	OFFICE USE ONLY)			
Fire Inspections Remarks;  Sanitation Department Remarks:					
Engineering Remarks:					
Building Department Remarks:					
Review Status:					
Zoning Dept.: Engineer	SHALE REPORTS AND SOUTH SHARE A	re Marshall:	Building Dept.:		
I certify that the answers to the abore knowledge.	SERVICE TO THE PROPERTY OF THE	S CERTIFICATION ements made on same are	true and complete to the best of my		
Print Name : Orazio	2usso Di	esignation: Tower Developer	Phone/Fax: 973-544-6817		
Email: Orusso@diamond.com.com					
Signature: Manie			Date: 3/14/14		

## Wireless Carrier Signature Page

APPLICATION FOR COMMERCIAL BUILDING & ZONING PERMIT APPLICATION PAGE 2					
TYPE OF IMPROVEMEN	T:	PROPOSED USE:			
New Building:		Multi-Family:			
Addition:		Institution:			
Interior Alteration:		Assembly:			
Demolition:		Industrial:			
Moving:		Business:	Business:		
Foundation Only:		Storage:			
Change of Use:		Mercantile:			
Sign:		Hazardous:			
Site & Drainage/Grading P	ermit:				
Other:	-				
	COMMENT	TS (OFFICE USE ONLY)			
Planners Remarks:					
Fire Inspections Remarks:					
Sanitation Department Rer	narks:				
Engineering Remarks:					
Building Department Remarks:					
Review Status:	Y	1			
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.  As designated agent of AT&T					
Print Name : JOHN K	BEACHAM	Designation: Wireless Carrier	Phone/Fax:		
Email: JBEACHAM @ WESTOWER, COM					
Signature: Qe	I blace an		Date: 3/13/14		