



**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: SP16-134		DATE:
Property Information		Parcel No. (if known)
Address: <u>Browns Lane Access Rd</u> City <u>Jonesboro</u>		
Zoning Classification: <u>C-3</u>		
Please describe proposed use: <u>Hotel / Convention Center</u>		
Applicant's Name: <u>NEA Hotels And Convention Center, LLC</u>		
Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
Arkansas Contractor License #:	Privilege #:	
Owner's Name: (If Same, Input Same) <u>SAME</u>		
Address:		
City:	State:	ZIP Code:
Phone:	Email Address:	
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: <u>Building / Parking</u>		Code Review Included: Yes / No (Please circle)
Seismic Zone #3 Signed Certification: Yes / <u>No</u> (Please circle)		
Engineering Firm: <u>Associated Engineering</u>		
Engineer's Certification and Signature: <u>Yes</u> / No (Please circle)		Phone: <u>932-3594</u>
Address:	City:	State:
Architectural Firm:		
Architect's Certification and Signature: Yes / No (Please circle)		Phone:
Address:	City:	State:
CONTRACTED PRICE OF PROJECT: \$ <u>24,000,000⁰⁰</u>		
Flood Plain: Yes / <u>No</u> (Please circle)		Flood Zone District:
Elevation Certificate Required: Yes / <u>No</u> (Please circle)		
FEMA CLOMA/LOMA Required: Yes / <u>No</u> (Please circle)	GF Issuance:	Certificate #:

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TYPE OF IMPROVEMENT:

PROPOSED USE:

New Building: *Hotel + Convention Ctr*

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.

John M. Easley

Project Engineer

Print Name :

Designation:

Phone/Fax:

Email:

Signature:

John M. Easley

Date:

5/11/16