



## APPLICATION FOR RESIDENTIAL BUILDING & ZONING PERMIT APPLICATION

Planning & Zoning, P.O. Box 1845, Jonesboro, AR 72403 – (870) 932-0406, fax (870) 336-3036 www.ionesboro.org

(OFFICE USE ONLY) PERMIT NO. ISSUED:			DATE:	
			Parcel No. (if known)	
(Cottage Home Rd)			01-145323-00100	
Address: 3704 Nestlaway	City Knes	bore		
Zoning Classification:	3			
Please describe proposed use:		1	0	
a new 56 x 28 mobil Hon	ne 2017	mode	l .	
Applicant's Name: marystel appleton				
Address:				
2103 Harrisburg Road				
City: Jones boro	State: Q R		ZIP Code: 72401	
Phone:	Email Address: OBBLE 2N @sbcglobal. net			
Arkansas Contractor License #:	Privilege #:			
Owner's Name: (If Same, Input Same)				
Address:				
2				
City:	State:		ZIP Code:	
Phone:	Email Address:			
One (1) Copy of Site Plan: Yes / No (Please circle)	One (1) Set of Construction Documents: Yes / No (Please circle)			
One (1) Copy of SWPPP: Yes / No (Please circle)	Code Review Included: Yes / No (Please circle)			
Type of Construction:	CONTRACTED PRICE OF PROJECT: \$ 75,000			
Seismic Zone #3 Signed Certification: Yes / No (Please circle	(e)			
Engineering Firm:				
Engineer's Certification and Signature: Yes / No (Please circle)		Phone:		
Address:	City:	Si	tate:	
Architectural Firm/Plans Drawn By:				
Architect's Certification and Signature: Yes / No (Please circle)		Phone:		
Address:	City:		State:	
Floodplain: Yes / No (Please circle)			Flood Zone :	
Floodplain Permit: Yes / No (Please circle)				
FEMA-CLOMR/LOMR Required: Yes / No (Please circle)	GF Issuance:		Certificate #:	

TYPE OF IMPROVEME	TOTAL BUT	LDING & ZONING	PERMIT APPLICATION PAGE 2	
	TYPE OF IMPROVEMENT:		PROPOSED USE:	
New Building: Man	ufactured Home	Multi-Family:	Multi-Family: No of Units:	
Addition:		Institution:		
Alteration:				
Demolition:		Temporary Structure:		
Moving:			Home Occupation:	
Foundation Only:		Storage Shed:		
Pool:		Fence:		
Accessory Apartment:		Pool House:		
ther:				
	COMMENTS	(OFFICE USE ONL)	A 11.	
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eview Status: ening: ertify that the answers to owledge.	Engineering: B  APPLICANT  o the above questions and any state	S CERTIFICATION		
uilding Department Rema	Engineering: B  APPLICANT  o the above questions and any state	S CERTIFICATION tements made on sam	ne are true and complete to the best of my	

## OWNER/BUILDER AFFIDAVIT CITY OF JONESBORO, ARKANSAS

Ark. Code Ann. §17-25-501 et seq. requires a residential license for certain residential buildings.

A property owner who acts as a residential building contractor for the purpose of constructing his own residence Is not required to have a residential building license to make application for a building permit of a single family residence that is intended to be the property owners residence, unless the property owner constructs more than one residence per calendar year.

PROPERTY ADDRESS		
Now, on this day of	,2 <b>I</b> ,	
declare that I am applying for a buil-		
responsible for performing the work	and meeting the requi	irements of all codes, ordinances, and
laws; that I am the owner of the above		
and that the intent of the use of the Therefore, I am not required to have		
Owner's Signature		Date