



**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)	
Lot 14 LINDSEY & G.V.			
Address: Johnson Ave	City: Jonesboro		
Zoning Classification: TC Overlay			
Please describe proposed use: Multi-Family Development			
Applicant's Name: Hammerhead Development - Brandon Holmes			
Address: 400 Harrison St.			
City: Batesville	State: Ar	ZIP Code: 72501	
Phone: 870-698-1823	Email Address:		
Arkansas Contractor License #:	Privilege #:		
Owner's Name: (If Same, Input Same) SAME			
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:		Code Review Included: Yes / No (Please circle)	
Seismic Zone #3 Signed Certification: Yes / No (Please circle)			
Engineering Firm: Associated Engineering			
Engineer's Certification and Signature: Yes / No (Please circle)		Phone:	
Address: 103 South Church	City: J Boro	State: Ar	
Architectural Firm:			
Architect's Certification and Signature: Yes / No (Please circle)		Phone:	
Address:	City:	State:	
CONTRACTED PRICE OF PROJECT: \$ 30,000.00 (estimated)			
Flood Plain: Yes / No (Please circle)		Flood Zone District:	
Elevation Certificate Required: Yes / No (Please circle)			
FEMA CLOMA/LOMA Required: Yes / No (Please circle)	GF Issuance:	Certificate #:	

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TYPE OF IMPROVEMENT:		PROPOSED USE:	
New Building:		Multi-Family: <i>264 units</i>	
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.			
Print Name :		Designation:	Phone/Fax:
Email:			
Signature:			Date: