

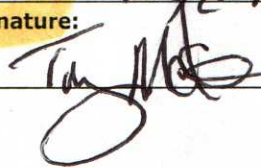


APPLICATION FOR RESIDENTIAL BUILDING & ZONING PERMIT APPLICATION

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: 9-17-18	
Property Information		Parcel No. (if known)	
Address: 203 N. Hunter St		City: Jonesboro	
Zoning Classification:			
Please describe proposed use: Add Room on Back of House			
Applicant's Name: TREY MCKEE All-scapes Irrigation & Landcare			
Address: 1409 E Parker Rd			
City: Jonesboro		State: AR	
Phone: 872-819-1315		ZIP Code: 72404	
Email Address: TREY@Allscapes.org			
Arkansas Contractor License #: 021094-0519		Privilege #: 01465-2018	
Owner's Name: (If Same, Input Same) Kent & Debbie Cartwright			
Address: 203 N. Hunter			
City: Jonesboro		State: AR	
Phone:		ZIP Code: 72404 72401	
Email Address:			
One (1) Copy of Site Plan: Yes / No (Please circle)		One (1) 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:			
Engineer's Certification and Signature: Yes / No (Please circle)		Phone:	
Address:		City:	
		State:	
Architectural Firm/Plans Drawn By:			
Architect's Certification and Signature: Yes / No (Please circle)		Phone:	
Address:		City:	
		State:	
CONTRACTED PRICE OF PROJECT: \$ 60,000.00			
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:	No of Units:
Addition: ✓ 26' x 36'		Institution:	
Alteration:			
Demolition:		Temporary Structure:	
Moving:		Home Occupation:	
Foundation Only:		Storage Shed:	
Pool:		Fence:	
Accessory Apartment:		Pool House:	
Other:			
COMMENTS (OFFICE USE ONLY)			
Planners Remarks:			
Engineering Remarks:			
Building Department Remarks:			
Review Status:			
Zoning:	Engineering:	Building:	C.O. Issuance Date:
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: TREY McKEE		Designation:	Phone/Fax: 870-89-1315
Email: TREY@ALLSCAPES.ORG			
Signature: 		Date: 9-17-18	