



**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: 9.21.18	
Property Information		Parcel No. (if known)	
Address: 1106 E. Washington		City: Jonesboro	
Zoning Classification:			
Please describe proposed use: Car shed			
Applicant's Name: David L. Scott			
Address:			
1106 E. Washington			
City: Jonesboro	State: Arkansas	ZIP Code: 72401	
Phone: 870 761 3371	Email Address:		
Arkansas Contractor License #:	Privilege #:		
Owner's Name: (If Same, Input Same) David L. Scott			
Address:			
1106 E. Washington			
City: Jonesboro	State: Arkansas	ZIP Code: 72401	
Phone: (870) 761-3371	Email Address:		
One (1) Copy of Site Plan: <input checked="" type="checkbox"/> Yes / No (Please circle) (metal)			
One (1) Set of Construction Documents: <input checked="" type="checkbox"/> Yes / No (Please circle)			
Type of Construction: Car shed + Driveway 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: \$ 1300.00			
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 CAR shed		Multi-Family:	No of Units:
Addition:		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. YES			
Print Name:	DAVID L. SCOTT	Designation:	Phone/Fax:
Email:			
Signature:		Date:	
David L. Scott		Sept 12/2017	