



APPLICATION FOR COMMERCIAL BUILDING & ZONING PERMIT - INCLUDES MULTI-FAMILY 3+ UNITS

Planning & Zoning, 300 S. Church Street, Jonesboro, AR 72403 – (870) 932-0406, fax (870) 336-3036
www.jonesboro.org

(OFFICE USE ONLY) PERMIT NO. ISSUED:		DATE:	
Property Information Eden Hills Estate Phase III		Parcel No. (if known) _____	
Address: Peachtree Ave.		City	
Zoning Classification: R1			
Please describe proposed use: Single Family Residential Subdivision			
Applicant's Name (All Correspondence will be returned to this individual): Mark B Morris of			
Address: PO BOX 1081		Mark Morris Construction, LLC	
City: Jonesboro		State: AR	ZIP Code: 72403
Phone: 870-919-7700		Email Address: mark@markmorrishomes.com	
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 <i>(Please circle)</i>		Three (3) Complete Set of Construction Documents: Yes / No <i>(Please circle)</i>	
Type of Construction:		Code Review Included: Yes / No <i>(Please circle)</i>	
Seismic Zone #3 Signed Certification: Yes / No <i>(Please circle)</i>			
Engineering Firm:			
Engineer's Certification and Signature: Yes / No <i>(Please circle)</i>		Phone:	
Address:		City:	State:
Architectural Firm:			
Architect's Certification and Signature: Yes / No <i>(Please circle)</i>		Phone:	
Address:		City:	State:
CONTRACTED PRICE OF PROJECT: \$			
Flood Plain: Yes / No <i>(Please circle)</i>			Flood Zone District:
Elevation Certificate Required: Yes / No <i>(Please circle)</i>			
FEMA CLOMA/LOMA Required: Yes / No <i>(Please circle)</i>		GF Issuance:	Certificate #:

(Please sign Page 2)

APPLICATION FOR COMMERCIAL BUILDING & ZONING PERMIT APPLICATION PAGE 2

TYPE OF IMPROVEMENT (CHECK ALL THAT APPLY):	PROPOSED USE (CHECK ALL THAT APPLY):
New Building:	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: **Preliminary Subdivision Approval**

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.:
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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 : Mark Morris	Designation: owner	Phone/Fax: 870-919-7700
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Email: **mark@markmorrishomes.com**

Signature: <i>Mark B Morris</i>	Date: 4-28-2021
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