



Building Permit Application

Return completed application to:
 Department of Community Development
 P. O. Box 1439
 1098 Old Highway 61 North
 Cleveland, MS 38732
 Phone: 662-843-4601 Fax: 662-846-5701

TYPE OR PRINT CLEARLY

| | | | | |
|-----------------------|-----------------|----------------------------------|--------------------------|----------------|
| Project Address | | Parcel Number | Value of Work in Dollars | |
| Lot | Block | Subdivision or Legal Description | | |
| Owner | Mailing Address | | Phone Number | |
| Primary Contractor | Mailing Address | | Phone Number | License Number |
| Electrical Contractor | Mailing Address | | Phone Number | |
| Plumbing Contractor | Mailing Address | | Phone Number | |
| Mechanical Contractor | Mailing Address | | Phone Number | |

Class of Work New Addition Alteration Repair Renovation

Describe Work to be Performed:

Assertion of Responsibility:

I understand that separate permits are required for electrical, plumbing, mechanical, demolition, signs, and floodplain development. This application becomes null and void if the work or construction authorized has not commenced within six months from the issuance of a permit for said work or construction, or if work or construction is suspended or abandoned for a period of one year at any time after work is commenced. If a permit is declared null and void, a new permit will be required for work or construction to begin again.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction.

I assume full responsibility for any error as to miscalculations of property corners as well as dimensions of any structures existing or proposed on this lot.

Signature of Owner

Date

Signature of Primary Contractor

Date

For office use only (do not write below this line)

| | | | | | | | |
|----------------|------------------|--------------|-----------------|----------------|--------------------------------------|----------------|-----------------------------------|
| Type of Const. | Zoning District | Use Class | Project Sq. Ft. | No. of Stories | No. of Units | Max. Occ. Load | Fire District |
| Parking Req. | Lot Size | % of Lot | % of Rear Yard | Front Setback | Rear Setback | Left side | Right Side |
| Flood Zone | Base Flood Elev. | Lowest Floor | Structure Value | Source | % Substantial Project Improv./Damage | | % Total Cumulative Improv./Damage |

Plan Review Comments: _____

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|----------------|--------------|-----------------|-------------|---------------------|----------------|
| Date Received: | Received By: | Application No. | Permit Fee: | Approval Signature: | Approval Date: |
|----------------|--------------|-----------------|-------------|---------------------|----------------|