



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

Mechanical Permit Application

TYPE OR PRINT CLEARLY

PROJECT INFORMATION	
Project Address: _____	Lot _____ Block _____
Project Value: _____	Subdivision _____
	Legal Description _____
OWNER INFORMATION	
Property Owner: _____	Mailing Address: _____
Telephone Number: () _____ - _____	_____
LICENSED MECHANICAL CONTRACTOR	
Name: _____	Telephone Number: () _____ - _____
Address: _____	Fax Number: () _____ - _____
	Email: _____
PROJECT TYPE AND USE DESCRIPTION (Please check all that apply)	
Project type: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Special condition	
Structure Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Single-Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Manufactured Home	

Qty.	Description	Amt.	Fee	Qty.	Description	Amt.	Fee
NA	Base Permit Fee.....	25.00	25.00		Condensing Unit.....	3.00	
	Furnace or Heater.....	3.00		NA	Ductwork.....	3.00	
Total Fee							

Minor Repairs/Remodel (Describe in Detail) _____

CERTIFICATION

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 resume to give authority to violate or cancel the provisions of any other State of Mississippi, City of Cleveland, Bolivar County, or U. S. law regulating mechanical installations.

 Signature of licensed contractor

 Date

For office use only

Date Received	Received By	Application No.	Permit Fee
Signature of Approval		Date of Approval	