

APPLICATION FOR BUILDING PERMIT

CITY OF PASS CHRISTIAN

Official Use Only	APPROVALS		Permit Number _____
			Permit Issue Date _____
	Zoning Office: _____	Date _____	
	Building Code: _____	Date _____	
	Historic District? Y / N _____	Date _____	

PERSON OR FIRM MAKING APPLICATION	Name _____	JOB LOCATION	Parcel No. _____
	Address _____		Address _____
	City, Town, RFD., No. _____ State _____ Zip _____		Verified by – Engineering Dept. _____
	Telephone _____		Legal Description: Lot _____ Block _____ (If no recorded map, give metes and bounds)
	Is applicant a Licensed Contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>		Survey Range _____ Town _____ Sec. _____
	If Yes, provide license number & Issuing authority. Bldg. _____ Mississippi _____ Limit _____		

DESCRIPTION OF WORK	Work Classified	Size, Etc.	PLOT and ZONING INFORMATION																					
	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Structural Repair (Percentage) _____ <input type="checkbox"/> Other (Specify): _____	Number of Stories _____ Maximum Width _____ Maximum Length _____ Maximum Height _____ Heated Area _____ Area Under Roof _____ Total Floor Area _____		Site Plan showing Building Footprint and Lot Dimensions: 																				
	Type Construction	Occupancy																						
	<input type="checkbox"/> Fireproof <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Heavy Timber <input type="checkbox"/> Non Combustible <input type="checkbox"/> Concrete Block <input type="checkbox"/> Wood Frame <input type="checkbox"/> Brick veneer/wood frame <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Duplex Dwelling <input type="checkbox"/> Multiple Dwelling <input type="checkbox"/> Public <input type="checkbox"/> Private #Baths _____ #Bedrooms _____ <input type="checkbox"/> Other (specify) _____																						
	Type Foundation _____																							
	Type Heat to be Provided _____																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Will building or premises Include:</td> <td style="width: 50%; text-align: center;">Will General Contract Include:</td> </tr> <tr> <td style="text-align: center;">Yes No</td> <td style="text-align: center;">Yes No</td> </tr> <tr> <td>Automatic Sprinkler System <input type="checkbox"/> <input type="checkbox"/></td> <td>_____ <input type="checkbox"/> _____ <input type="checkbox"/></td> </tr> <tr> <td>Air Conditioning <input type="checkbox"/></td> <td>_____ <input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td>_____ <input type="checkbox"/></td> </tr> <tr> <td>Accessory Structures <input type="checkbox"/></td> <td>_____ <input type="checkbox"/></td> </tr> <tr> <td>Specify: _____</td> <td></td> </tr> <tr> <td>Elevators <input type="checkbox"/></td> <td>_____ <input type="checkbox"/></td> </tr> <tr> <td>If yes give number: _____</td> <td></td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td>_____ <input type="checkbox"/></td> </tr> <tr> <td>Specify: _____</td> <td></td> </tr> </table>		Will building or premises Include:	Will General Contract Include:		Yes No	Yes No	Automatic Sprinkler System <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> _____ <input type="checkbox"/>	Air Conditioning <input type="checkbox"/>	_____ <input type="checkbox"/>	Other <input type="checkbox"/>	_____ <input type="checkbox"/>	Accessory Structures <input type="checkbox"/>	_____ <input type="checkbox"/>	Specify: _____		Elevators <input type="checkbox"/>	_____ <input type="checkbox"/>	If yes give number: _____		Other <input type="checkbox"/>	_____ <input type="checkbox"/>	Specify: _____	
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OWNER	Name _____	First Floor Elevation is _____ feet above mean sea level.
	Address _____	Is architectural or engineering supervision included? Yes <input type="checkbox"/> No <input type="checkbox"/>
PLAN DRAWN BY	City _____ State _____ Zip _____	If yes, by whom _____
	Phone _____	ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/>
	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Designer	State of Mississippi Registration Number _____ Phone _____
	Name _____	
	Address _____	
	Telephone _____	
	State of Mississippi Registration Number _____	

CERTIFICATION	Application is hereby made for a building permit to accomplish the work as herein described in accordance with duplicate plans, and/or specifications submitted herewith. It is agreed that all corrections in plans and/or specifications necessary for compliance shall be observed and all requirements of the building code, the zoning ordinance, and all other pertinent laws and ordinances, regulating construction shall be complied with in the pursuit of this work whether or not specified herein.	
	I hereby certify: that I have read this application and that all information contained herein is true and correct; that I agree to comply with all applicable codes, ordinances and state laws regulating building construction; that I am the owner or authorized to act as the owner's agent for the herein described work; and that the total contract or valuation is \$ _____.	
	NAME OF APPLICANT (print) _____	ASSOCIATION WITH OWNER _____
DATE _____	SIGNATURE _____	