



Building Department
Phone: 228-469-0531
Fax: 228-466-5519

PERMIT APPLICATION

Date: _____ **RSDE:** _____

Permit Type: _____ **Rep. Loss:** _____

Total Cost: _____ **True Value:** _____

Name: _____

Address: _____

Telephone Number: _____

Tax Parcel # _____

Zoning District: _____ **Historic District:** YES or NO

Elevation Certificate: YES or NA **Flood Zone:** _____

Required Base Flood Elevation: _____

**** Must provide 10 X 20 parking on site plan****

Protected Trees on Property:
_____ Live Oak _____ Magnolia _____ N/A

CONTRACTOR INFORMATION

Company: _____

Name: _____

Address: _____

Telephone: _____

Licensed: YES or NO _____ **License #** _____

Description of work: _____

Applicant Signature: _____ **Date:** _____

CITY DEPARTMENTAL USE ONLY

Application Received By: _____ **Date:** _____

Zoning Review: _____ **Date:** _____

Floodplain Review: _____ **Date:** _____

Historical Review: _____ **Date:** _____

Plans Review: _____ **Date:** _____

ADA Requirements: _____ **Date:** _____

Other Department Review: _____ **Date:** _____

Comments: _____
