

CITY OF PICAYUNE APPLICATION FOR BUILDING & DEVELOPMENT PERMIT

DO NOT WRITE IN THIS SPACE

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 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.

Permit Reviewed by: _____

Permit Approved by: _____

Permit Issue Date: ___/___/___

APPLICANT OR CONTRACTOR MAKING APPLICATION

911 PHYSICAL ADDRESS

NAME _____

ADDRESS _____

ADDRESS _____

LEGAL DESCRIPTION: _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ - _____

PARCEL NO. _____

MS MATERIALS PURCHASE CERTIFICATE NUMBER _____ REQUIRED FOR STATE TAX COMMISSION

OWNER (If different than above)

PROPERTY MEASUREMENTS

NAME _____

ROADSIDE (FRONT) LOT LINE _____ FEET

ADDRESS _____

REAR LOT LINE _____ FEET

CITY _____ ST _____ ZIP _____

LEFT LOT LINE _____ FEET

PHONE () _____ - _____

RIGHT LOT LINE _____ FEET

CLASSIFICATION OF WORK * DIMENSIONS *

STREET INFORMATION

NEW CONSTRUCTION NUMBER OF STORIES _____

PLOT AREA (IN SQUARE FEET OR ACREAGE) _____

RE CONSTRUCTION MAXIMUM WIDTH _____

SET BACK FROM FRONT PROPERTY LINE TO BUILDING _____

REPAIRS MAXIMUM LENGTH _____

SET BACK FROM REAR PROPERTY LINE TO BUILDING _____

DEMOLITION SQ FT GARAGE ONLY _____

SET BACK FROM LEFT PROPERTY LINE TO BUILDING _____

REMODEL HEATED AREA _____ (net area)

SET BACK FROM RIGHT PROPERTY LINE TO BUILDING _____ - This is for Commercial -

RELOCATE AREA UNDER ROOF _____ (include covered porches or decks)(gross area)

NUMBER OF OFF STREET PARKING SPACES PROVIDED _____

ADDITION TOTAL FLOOR AREA _____ (include uncovered porches) (gross area)

MAXIMUM HEIGHT _____

TYPE CONSTRUCTION * USE OF BUILDING

Total Valuation of Job cost \$ _____ Attach Contractors Price Quote

WOOD FRAME SINGLE FAMILY DWELLING _____

NUMBER OF BEDROOMS _____

CONCRETE BLOCK DUPLEX DWELLING _____

NUMBER OF BATHROOMS _____

BRICK VENEER/ WOOD FRAME MULTI FAMILY _____

COMMERCIAL OR INDUSTRIAL (SPECIFY) _____

OTHER (SPECIFY) STORAGE SHED _____

JOB DESCRIPTION IF NOT LISTED: _____

MOBILE HOME SIZE _____ X _____ YEAR _____ SERIAL NUMBER _____ NUMBER OF TIE DOWNS _____

WASTE DISPOSAL _____ UTILITY COMPANY (ACCOUNT #) _____

OTHER _____

PROPERTY LOCATED IN FLOOD ZONE: YES OR NO

FLOOD ZONE _____ AVG. GROUND ELEVATION: _____

TYPE OF HEAT: GAS * BUTANE * ELECTRIC * WOOD BURNING (Circle One)

REQUIRED BASE FLOOD ELEVATION: _____

NEW CONSTRUCTION: FOUNDATION

FIRM MAP NUMBER 28109C0 DATE OF FIRM: _____

CONCRETE CONCRETE BLOCK PIERS PILINGS OTHER

SURVEYOR, ENGINEER, OR ARCHITECT: _____

BRICK STONE BASEMENT (AREA FULL) NO BASEMENT

LICENSE NO. _____ PHONE: () _____ - _____

IF THIS IS FOR ADDITIONS OR REPAIRS: WAS THIS EXISTING STRUCTURE CONSTRUCTED PRIOR TO MAY 17, 1990? WHICH MAKES IT PRE-FIRM

YES

NO

ZONING DISTRICT _____

REQUIRED SETBACKS FRONT _____ REAR _____ SIDE _____

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, 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 DO HERBY AGREE THAT IF AT ANYTIME CONSTRUCTION IS FOUND TO BE IN VIOLATION OR NON-COMPLIANCE THAT I HEREBY AUTHORIZE THE BUILDING OFFICIAL OR AGENT TO DIRECT THE LOCAL POWER UTILITY TO DISCONNECT POWER TO THE PREVIOUSLY DESCRIBED LOCATION:

OWNER / AGENT/ CONTRACTOR (PLEASE PRINT) _____ SIGNATURE _____ DATE ___/___/___