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## APPLICATION FOR A PERMIT OTHER THAN: RESIDENTIAL, COMMERCIAL OR MOBILE HOME PLACEMENT

JACKSON CO. MS.

PLAN CASE NUMBER: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

Application is hereby made for a permit under the provisions of the Comprehensive Zoning Ordinance of Jackson County and the Building, Fire Prevention and other applicable Codes of Jackson County and any amendments thereof, for the erection, construction, alteration, repair, relocation or change in use as indicated hereinafter and as shown in the accompanying plans and specifications and the representations therein contained are made a part of this application. In making this application the undersigned hereby acknowledges the validity of the zoning, fire prevention, building, plumbing, electrical and other applicable ordinances and codes of Jackson County, and agrees that the provisions thereof shall be binding upon applicant as a condition precedent to the issuance of a permit.

### APPLICANT TO COMPLETE NUMBERED SPACES ONLY

1. PROPERTY LOCATION: \_\_\_\_\_ PARCEL # / LOT & BLOCK NO. (IF APPLICABLE) \_\_\_\_\_

2. TYPE OF PERMIT:

- PLUMBING     ELECTRICAL     MECHANICAL     SWIMMING POOL     RIGHT OF WAY  
 POWER POLE (TYPE \_\_\_\_\_)     MOVE     DEMOLISH     GAS     OTHER \_\_\_\_\_

3. OWNER \_\_\_\_\_ PRESENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

4. CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

5. EXISTING USE OF PROPERTY \_\_\_\_\_

6. INTENDED USE \_\_\_\_\_

7. VALUATION OF WORK \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

8. STRUCTURE INFORMATION

**BUILDING MATERIALS**

SQ. FT. OF LOT \_\_\_\_\_

FOUNDATION \_\_\_\_\_

**BUILDING SIZE**

EXT. WALL \_\_\_\_\_

WIDTH \_\_\_\_\_

INT. WALL \_\_\_\_\_

LENGTH \_\_\_\_\_

ROOF \_\_\_\_\_

HEIGHT \_\_\_\_\_

(ROOFTOP)

OTHER SERVICES TO BE INSTALLED

LIVING AREA \_\_\_\_\_

(SQUARE FOOTAGE)

MECHANICAL: (TON AND UNITS)

OTHER \_\_\_\_\_

(SQUARE FOOTAGE)

TOTAL \_\_\_\_\_

(SQUARE FOOTAGE)

9. SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### ALL PLANS & SPECIFICATIONS MUST BE ATTACHED

#### FOR OFFICE USE ONLY

(A) ZONING DISTRICT: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

(B) FLOODPLAIN INFORMATION:

ORIG	VIC	SEC	TS	RG	FL	CLASS	UNITS			
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FLOOD ZONE: \_\_\_\_\_

FIRM # \_\_\_\_\_ PANEL # \_\_\_\_\_

BASE FLOOD ELEVATION : \_\_\_\_\_

SUFFIX \_\_\_\_\_ DATE OF PANEL \_\_\_\_\_

FLOODPLAIN APPROVAL: \_\_\_\_\_

REQUIRED LOWEST FLOOR ELEVATION \_\_\_\_\_ FLOODWAY \_\_\_\_\_