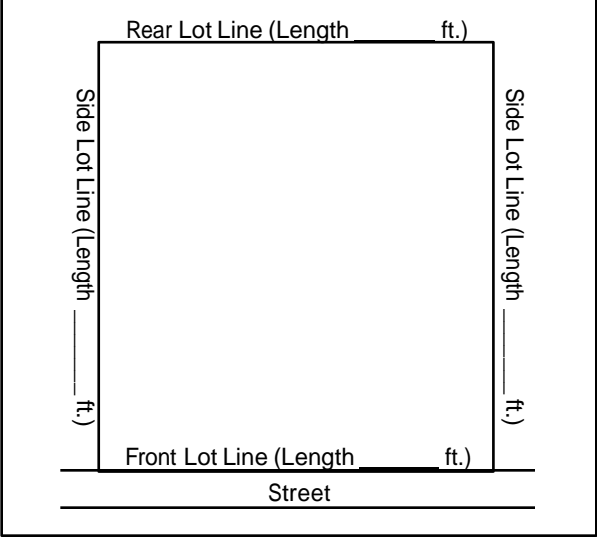


APPLICATION FOR BUILDING PERMIT

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, Telephone _____ State _____ Zip _____		Verified by – Engineering Dept. _____
	EMAIL: _____		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 Site Plan showing Building Footprint and Lot Dimensions: 
	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alterations 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 _____	
	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 _____		
	Will building or premises Include:	Will General Contract Include:	OFFICE USE ONLY Transect Zone _____ Flood Zone _____ Plot area (in square feet) _____ Setbacks: Front: (property line to front wall of building) _____ Side: _____ Rear: _____
Automatic Sprinkler System	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your construction project in a subdivision Yes <input type="checkbox"/> No <input type="checkbox"/>
Air Conditioning Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are any protected trees located on plot Yes <input type="checkbox"/> No <input type="checkbox"/>
Accessory Structures Specify: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are any structures presently located on plot? Yes <input type="checkbox"/> No <input type="checkbox"/>
Elevators If yes give number: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Specify: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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"/>
	City _____ State _____ Zip _____	
	Phone _____	
PLAN DRAWN BY	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Designer	If yes, by whom _____
	Name _____	ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/>
	Address _____	State of Mississippi Registration Number _____ Phone _____
	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 _____	



City of Pass Christian
Building permits Department
Pass Christian, Mississippi 39571
Phone: (228)452-3316 Fax (228) 452-3044

SUBMISSION REQUIREMENTS TO OBTAIN A BUILDING PERMIT

___ **Submit two (2) complete sets of your construction plans, showing Dimensions including:**

Plan showing the dimensions of the property and how the structure(s) will be sited on The property; show the distances (setbacks) of all structures from the property lines.

- a. Floor plan**
- b. Typical structural cross section showing details of construction-framing details**
- c. Foundation structural cross section showing details of construction -framing details.**
- d. Elevations -showing the appearance of the structure;**
- e. Complete utilities diagrams-Plumbing, Electrical, and Mechanical**

___ **A official survey of your property that shows Ground Elevations, Flood Zone and Base Flood Elevations.**

___ **Three (3) Elevations Certificated Require:**

- a. Pre-Construction Drawings**
- b. Building Under Construction**
- c. Finished Construction**

___ **Completed Application for Building Permit**

___ **Copy of Deed**

___ **Additional Permits required for work being done:**

- a. Electrical**
- b. Plumbing**
- c. Mechanical (Only Permitted to Licensed HVAC Contractors)**
- d. Gas**
- e. Flood (Only for those in a flood zone).**

___ **Velocity Zone (V Zone) Applicants must have surveyor fill out V Zone Design Certificate**

City of Pass Christian
Building Permits Department
Pass Christian, Mississippi 39571
Phone: (228)-452-3316 Fax: (228)-452-3044

APPLICATION FOR PERMIT TO DEVELOP IN A FLOOD HAZARD AREA

The undersigned hereby makes application for a permit in a designated flood hazard area. The work to be performed is described below and in attachments here to. The undersigned agrees that all such work shall be done in accordance with the requirements of the Flood Ordinance (Ordinance No. 476) of the City of Pass Christian, Mississippi and with all other applicable local, state and federal regulations. All necessary required and State permits/certifications attached.

APPLICANT NAME _____

ADDRESS/PHONE _____

SITE ADDRESS _____

LEGAL DESCRIPTION/ _____

TAX PARCEL # _____

NAME/ADDRESS _____

OF PROPERTY OWNER _____

A. DESCRIPTION OF WORK

1. PROPOSED DEVELOPMENT DESCRIPTION

- | | |
|--|--|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> DREDGING |
| <input type="checkbox"/> ALTERATION | <input type="checkbox"/> MANUFACTURED/MOBILE HOME/TRAILER |
| <input type="checkbox"/> FILLING | <input type="checkbox"/> LOGGING |
| <input type="checkbox"/> GRADING | <input type="checkbox"/> OTHER |

2. TYPE OF CONSTRUCTION

- | | |
|---|---|
| <input type="checkbox"/> NEW RESIDENTIAL | <input type="checkbox"/> IMPROVEMENT |
| <input type="checkbox"/> NEW NON-RESIDENTIAL | <input type="checkbox"/> RENOVATION |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> ACCESSORY STRUCTURE |
| <input type="checkbox"/> TEMPORARY STRUCTURE | |

3. DESCRIBE DEVELOPMENTAL PROJECT, EG PLOT AREA SQ FT., AMT OF FILL, GRADE ELEVATION, ELEVATION AFTER FILL ADDITIONAL INFO

B. ALTERATIONS, ADDITIONS OR IMPROVEMENTS TO AN EXISTING STRUCTURE.

1. ESTIMATED MARKET VALUE OF EXISTING STRUCTURE \$ _____

2. COST OF PROPOSED CONSTRUCTION \$ _____

3. IF THE COST OF THE PROPOSED CONSTRUCTION EQUALS OR EXCEEDS 33 1/3% OF THE MARKET VALUE OF THE STRUCTURE THEN THE SUBSTANTIATED IMPROVEMENT REQUIREMENTS

THE NOTICE TO PROPERTY OWNER MUST BE COMPLETED AND RETURNED PRIOR TO ISSUANCE OF PERMIT.

C. NON RESIDENTIAL CONSTRUCTION

1. Flood protection method

_____Floodproofing

_____Elevation

2. Please check the appropriate certification required in section E.

D Subdivisions

1. Does this subdivision or other development contain 50 lots or 5 acres (whichever is less) -

____yes____no

2. If yes, the base flood elevation data must be provided by the developer prior to issuance of a permit.

E. THE FOLLOWING CERTIFICATIONS CHECKED BELOW ARE APPLICABLE AND MUST BE SUBMITTED FOR ALL CONSTRUCTION WITHIN THE SPECIFIED TIME FRAME.

1. As built elevation certificate, certified by a registered land surveyor professional engineer, must be submitted at the time of completion of the lowest floor, prior to any further vertical construction.

2. A floodproofing certificate, certified by a professional engineer or architect must be submitted at the time of completion of the lowest floor prior to any further vertical construction.

3. For V-zones only. A breakaway wall certification certified by a registered professional engineer of architect and submitted with 7 days of completion of the breakaway walls.

4. For V-zones only. A certification on the superstructure substructure design must be submitted with this permit application.

5. The proposed development is located in an identified floodway and a no-rise certification completed by a registered professional engineer must be submitted prior to the issuance of a permit or the start of construction.

6. The proposed development includes an alteration of a watercourse and a letter of map revision issued by the federal emergency management agency is required. This documentation must be submitted within 6 months or completion of the project.

APPLICANTS SIGNATURE

DATE

FOR INTERNAL USE ONLY

1. Community number_____

2. Panel Number:_____

3. Zone:_____

4. Base flood structure at site:_____

5. Required lowest floor elevation:_____

6. If the structure is to be floodproofed the required floodproofing elevation is _____ft. MSL

7. Elevation to which all attendant utilities include all heating, duct work, and electrical equipment will be installed or floodproofed. _____ft. MSL

APPROVED:

COMMUNITY OFFICAL:_____

EXTERIOR MATERIALS LIST FOR PERMIT APPLICATION

CITY OF PASS CHRISTIAN

PARCEL #: _____ ADDRESS of SITE _____

As a general rule please note that Pass Christian Zoning regulations limit exterior materials to paintable wood and solid wood-substitute materials. Metals or composite roofing is permitted, with raw galvanized 5-v crimp type preferred.

The plans for construction associated with this building permit are restricted to the following materials:

- (1) Siding Material : _____
- (2) Trim Material: _____
- (3) Soft Material: _____
- (4) Fascia Material: _____
- (5) Roofing Material: _____
- (6) Screening Material (If provided, note that screening must be supported at least every 4 horizontal feet) _____
- (7) Shutter Materials (if any): _____
- (8) Other Exterior Materials (if any): _____
- (9) Driveway construction type: _____
- (10) OTHER-INTERIOR: _____

Reminder: Note that all exposed wood (including decks, railings, screening, and foundation columns) visible from the street along the front or sides of the structure must be painted or solid-stained before an occupancy permit will be issued.

Is any of the above materials require Warrant Approval, please attach completed and signed Warrant Agreement showing proof of compliance of selected materials.

Applicant Signature _____ Date: _____

Planning Office Approval: _____

**City of Pass Christian
CODE ENFORCEMENT OFFICE
200 West Scenic Drive
Pass Christian, Mississippi 39574**

TO: PROPERTY OWNERS ACTING AS GENERAL CONTRACTORS

HOUSE BILL NO. 868 (RESIDENTIAL BUILDERS LAW) PROVIDES THT ANY PERSON WHO UNDERTAKES CONSTRUCTION OR IMPROVEMENT ON HIS OWN RESIDENCE OR HIS OTHER REAL ESTATE HOLDINGS OR WHO ACTS AS HIS OWN GENERAL CONTRACTOR IN THE PERFORMANCE ON CONSTRUCTION OR HOLDINGS OR WHO ACTS UNDER THE SUPERVISION OF THE OWNER OCCUPANT WHO IS THE GENERAL CONTRACTOR MAY DO SO WITHOUT BENEFIT OF OBTAINING ANY GENERAL CONTRACTORS OR BUILDERS LICENSE.

However, the Pass Christian Building Department offers the following information if you are going to act as your own general contractor, so that you may be aware of any liability associated with your undertaking.

- 1. You may be financially responsible for any person who is working under your direction and injured while working on your job. This financial responsibility may include hospitalization costs, unemployment compensation, and lawsuits for lost wages and workman's compensation. Homeowner's or builder's risk policies do not cover this type of loss.**
- 2. You may be responsible for withholding taxes, including Unemployment taxes, Social Security and matching Social Security Benefits, on all persons working under your direction and supervision.**
- 3. If you do not obtain General Liability Insurance, you may be personally liable for any injury or any other person, other than those mentioned above that occurs on your property while construction is in process. Your homeowner's or builder's risk policy does not cover this type of loss.**
- 4. The Mississippi Supreme Court has ruled in precedent setting case that all persons named as contractor on a Building Permit for the construction of a residence is deemed the responsible party for losses by future owners. If major structural damage occurs up to (10) ten years after the construction, and if you are general contractor on this permit, then you assume this responsibility. This responsibility cannot be superseded by any secondary waiver with any person or uninsured company.**
- 5. If a homeowner employs a licensed general contractor, the possibility of claims being made against the homeowner is eliminated to a great extent. If so owner acts as a general contractor, this protection is lost.**
- 6. The homeowner employs a licensed general contractor, the possibility of claims being made against the homeowner is eliminated to a great extent. If all owner acts as a general contractor, this protection is lost.**

THE ABOVE LIST IS NOT INTENDE TO SERVE AS A LEGAL GUIDE, OR TO PROVIDE ANY ADVICE IN ANY MANNER, NOR IT IS ALL EMCOMPASSING, BUT ONLY TO PROVIDE INFORMATION.

I HAVE READ AND FULLY UNDSTAND THE ABOVE AND FOREGOING PROPERTY DESCRIPTION

DATE

HOMEOWNER'S SIGNATURE

MEMORANDUM

DATE _____

TO: CONTRACTORES, HOME OWNERS/HOME BUILDERS

FROM: CODE ENFORCEMENT OFFICE

RE: REMOVAL OF BUILDING MATERIALS, LITTER, DEBRIS

Section B of Ordinance No. 466 Provides the Following:

1. It will be unlawful for the owner, agent of contractor in charge of any construction or demolition site to cause, maintain, permit or allow to be caused, maintained or permitted the accumulation of any litter, including but not limited to unused building materials and debris from lot clearing, on the site before, during or after on any construction or demolition project.
2. It shall be the duty of the owner, agent or contractor to have adequate containers on the site or the arrangements for the collection thereof or for transportation to an authorized disposal site.
3. The city will not be responsible for picking up and disposing of litter and debris

Based on the above provisions of ordinance no 465, you are hereby reminded that it is your responsibility to make arrangements to remove building materials, litter, etc from the building site in a timely manner to avoid accumulation and unsightly appearances.

If you have any questions or need further assistance, please call the code office at (228)452-3324. **Sign and date below please.**

CITY OF PASS CHRISTIAN

WATER & SEWER SERVICE AVAILABILITY

PERMIT FOR NEW CONSTRUCTION / REMODELING
QUESTIONNAIRE

FAX TO WPSCO (228) 452-4313 -(228) 452-9457

DATE: _____

OWNER'S NAME: _____ LOT/BLOCK: _____

CONSTRUCTION ADDRESS: _____

NEAREST INTERSECTION: _____

OWNER(S) TELEPHONE #: _____

Note: MARK THE EXACT LOCATION OF WATER & SEWER TAPS AFTER FEES PAID

CONTRACTORS NAME: _____ LOT: _____

CONSTRUCTION ADDRESS: _____

NEAREST INTERSECTION: _____

OWNER(S) TELEPHONE#: _____ WORK# _____ CELL _____

NOTE: MARK THE EXACT LOCATION OF WATER & SEWER TAPS AFTER FEES PAID

CITY OF PASS CHRISTIAN WATER & SEWER SYSTEM O & M DEPARTMENT

IS WATER AVAILABLE YES _____ NO _____

IS SEWER AVAILABLE Yes _____ NO _____

IS SEWER GRAVITY OR PRESSURE GRAVITY _____ PRESSURE _____

REQUIRE A GRINDER PUMP STATION

NOTE:

BY O & M SUPERVISOR -- SIGNATURE: _____ DATE: _____

MISSISSIPPI ONE CALL-LOCATE REQUEST# _____

City of Pass Christian
Code Enforcement Office
200 WEST SCENIC DRIVE
Pass Christian, Mississippi 39571
Phone: (228)452-3316/3324 Fax: (228)452-3044

COMPLIANCE BULLETIN

Items below are missed consistently and costing the applicant a lot of money so PLEASE READ AND SIGN TO ACKNOWLEDGE YOU UNDERSTAND.

DRIVEWAYS CANNOT EXCEED 12' IN WIDTH PRIOR TO THE FACADE OF THE STRUCTURE

SLIDING GLASS DOORS /WINDOWS ARE NOT ALLOWED IN THE FRONT FAÇADE OF THE STRUCTURE

FOR ELEVATED HOMES YOU MUST SCREEN 100% ON THE FRONT OF THE STRUCTURE AND 20 FT ON BOTH SIDES.

SETBACKS, SETBACKS, SETBACKS....DO NOT ENCROACH WITH STAIRS, DECKS, MECHANICAL EQUIPMENT, EAVES, ETC.

HAVE A DRAINAGE PLAN! DO NOT WATERSHED ON YOUR NEIGHBORS

LIVE OAKS AND MAGNOLIA'S ARE PROTECTED TREES

GET A SIGN PERMIT FOR ALL YOUR ADVERTISING NEEDS

IT IS PROHIBITED TO HAVE GARAGE DOORS IN THE "FRONT ELEVATON"VIEW OF YOUR STRUCTURE

CHECK YOUR FLOOD ZONE. WE HAVE AN ADDITIONAL 1' FREEBOARD TO BE APPLIED TO YOUR BASE FLOOD ELEVATION

YOU CANNOT ENCLOSE MORE THAN 299 SQ FT BELOW THE BFE (BASE FLOOD ELEVATION)

SIGN: _____ DATE: _____

City of Pass Christian
Code Enforcement Office
200 WEST SCENIC DRIVE
Pass Christian, Mississippi 39571
Phone: (228)452-3316/3324 Fax: (228)452-3044

COMPLIANCE BULLETIN

Items below are missed consistently and costing the applicant a lot of money so PLEASE READ AND SIGN TO ACKNOWLEDGE YOU UNDERSTAND.

PLEASE PRINT:

SIGNATURE:

DATE:



MISSISSIPPI
STATE BOARD OF
CONTRACTORS

Once a building permit is issued to a residential builder or remodeler, or the holder of a certificate of responsibility by a municipal or county building official, or any other authority charged with the duty of issuing local building permits, such licensed residential builder or residential remodeler or holder of a certificate of responsibility shall exhibit a sign at the permitted job site which shall include, prominently displayed in lettering at least two(2) inches high and twelve (12) wide, the license or certificate of responsibility number of the residential builder or residential remodeler or holder of the certificate of responsibility and the State issuing it

INSPECTIONS

NEW CONSTRUCTION, REPAIRS, ALTERATIONS & ADDITION

All new construction(s) require the following inspections:

- **Foundation** – a plumbing inspection must be done before the pouring of the slab.
- **Framing**- A framing inspection must be done once the framing of the home is complete. Before closing in walls, a framing, electrical, HVAC and plumbing inspection must be done.
- **Pilings, piers, chain-wall, etc....** (proper elevation)-An inspection must be done before the setting of the first floor (for new homes; this is when the (2) elevation of the property needs to be done), to ensure that, pilings, piers, chain-wall, etc. are in compliance with the elevation height requirements.
- **Plumbing**- A plumbing inspection must be done once all the fixtures are complete. The following are a list of inspections that must be done before a final can be given: plumbing, rough in & stack-out & final.
- **Gas**- A gas inspection must be done before the gas company will inspect and turn on gas. Pressure must be set at 10pds or 12 inches of mercury.
- **HVAC**- A mechanical inspection must be done once the HVAC has been installed. The following are list on inspections that must be done before a final can be given: mechanical rough in & stack-out & final
- **Electrical (temporary pole)**-An electrical inspection must be done once all the fixtures are complete. Full power to the home will not be granted until the home is complete. For temporary power to new construction home, a temp pole must be installed and inspected before service will be turned on. (Homeowner must call and set up account with MS Power for service) Inspections are required for temp poles for FEMA trailers, personal trailers, and homes.
- A home owner can pull all permits (building, electrical & plumbing) with the exception of the HVAC; a licensed contractor has to pull the HVAC permit.
- A final inspection must be done on all completed work before a Certificate of Occupancy is issued. On all new constructed homes all three (3) elevation certificates are required are required before a Certificate of Occupancy is issued. On Modular homes and repairs (1) Construction Drawing& (2) Finished Construction is required before a Certificate of Occupancy is issued.
- If you have any further questions, concerns or would like to schedule an inspection, please call the Building and Code Office at 229-452-6649 or 228-452-3324

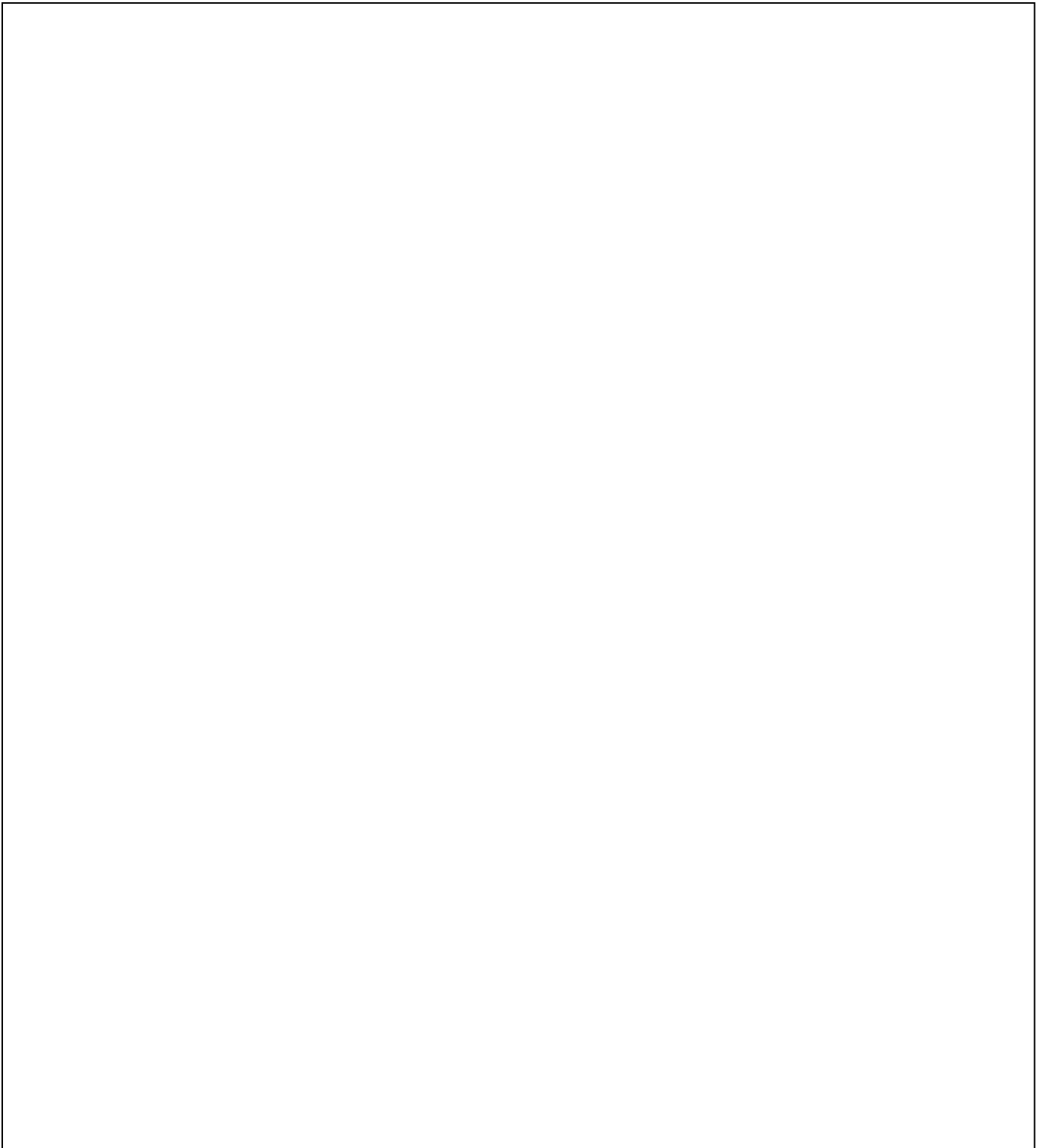
PARKING PLAN

A PART OF THE BUILDING PERMIT APPLICATION

PARCEL NO. _____ ADDRESS OF SITE _____

Driveway construction type Concrete Loose fill (shell, gravel) with confinement by _____.
Note loose fill drives must be confined with edging guaranteed to last for 20 years or more.

Sketch the site below showing the following: abutting public streets and alleys, lot dimensions, all setbacks, any protected trees on the site (or other trees you wish to keep) planned or existing driveway and parking area including pavement width. Indicate overnight parking areas (including garage space) and the total number of provided off-street spaces.



Applicant signature: _____ Date: _____

Planning Office Approval _____



CITY OF PASS CHRISTIAN
CODE ENFORCEMENT OFFICE
200 WEST SCENIC DRIVE
PASS CHRISTIAN, MISSISSIPPI 39571
PHONE (228) 452-3316 FAX: (228) 452-3044
EMAIL: CODESOFFICE@PASS-CHRISTIAN.COM

NON-CONVERSION AGREEMENT

1. Bring the Non-Conversion Agreement to:

Harrison County Chancery Clerk
1801 23rd Ave, 1st Floor
Gulfport, MS 39501
(228) 865-4164

2. You need to bring a legal description of your property.
You can provide this by bringing the **deed** of the property

**STATE OF MISSISSIPPI
COUNTY OF HARRISON**

**CITY OF PASS CHRISTIAN
PASS CHRISTIAN, MS
DECLARATION
NON CONVERSION AGREEMENT
AND/OR FLOODPLAIN VENTING AFFIDAVIT**

This DECLARATION made this ____ day of _____, _____ by
_____ (owner) having an address of

WITNESSTH:

Whereas, the owner is the apparent record owner of all that real property located at
_____ in the City of Pass Christian in the County of Harrison, designated in the Tax
Records as Parcel No. _____, and more particularly described as shown in Exhibit "A" attached
hereto and incorporated by reference.

Whereas, the owner has applied for a permit to place a structure on that property that has an enclosed area below
the base flood elevation construction in accordance with the requirements of Article 5 Section B(3)/(4)/(5) of the
Floodplain Damage Prevention Ordinance dated 6/16/09 and under Permit Number _____.

Whereas, the owner certifies and declared that the following covenants, condition and restrictions are placed on
the affected property as a condition of granting the Permit, and affects the right and obligations of the Owner and
shall be binding on the Owner, his/her heirs, personal representatives, successors, future owners, and assigns.

UPON THE TERMS AND SUBJECT TO THE CONDITIONS CONTAINED HEREIN, the owner agrees and
declares, as follows:

1. The structure or part thereof to which these conditions apply: is Below the BFE (Base Flood Elevation)
2. At this site, the Base Flood Elevation is ____ feet above mean sea level, National Geodetic Vertical Datum.
3. Enclosed areas below the Base Flood Elevation shall comply with the City's Flood Ordinance and shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings' and floors below the Base Flood Elevation shall be unfinished and constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as provided by Ordinance.
5. The city of Pass Christian may take any appropriate legal action, including seeking injunctive relief and attorney's fees to correct any violation of Flood Ordinance. In addition to any penalties, any alterations or changes from these conditions may render the structure uninsurable or increase the cost for flood insurance.

**CITY OF PASS CHRISTIAN
PASS CHRISTIAN, MS
DECLARATION
NON-CONVERSION AGREEMENT
PAGE TWO**

A duly appointed representative of the city is authorized to enter the property of the purpose of inspection the exterior and interior of the enclosed area to verify compliance with the Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once a year. More frequent inspections may be conducted if an annual inspection discovers a probable violation of the Permit.

6. The structure **(X) requires () does not require** flood vent openings. For structures with flood vent openings the walls of the enclosed areas below the Base Flood Elevation (plus freeboard) shall be equipped and remain equipped with openings as approved by the Building Permit. The owner(s) acknowledges that all openings will be maintained as flood vents, and the elimination or alteration of the openings in any way will not violate the requirements of Pass Christian's Flood Damage Prevention Ordinance.

IN WITNESS WHEREOF the undersigned set their hands and seals this ____ day of _____,
_____.

Owner

Owner

Owner

Owner

STATE OF _____

COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned whose names(s) are subscribed to the within Declaration and who acknowledge that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Signature

Signature

Signature

Signature

WITNESS my hand and official seal, this the _____ day of _____, _____.

PREPARED BY:
CITY OF PASS CHRISTIAN
200 West Scenic Drive
Pass Christian, MS 39571
228-452-3324

**NON-CONVERSION AGREEMENT FOR AREAS/ENCLOSURES
BELOW BASE FLOOD ELEVATION (PLUS FREEBOARD)
AND/OR FLOODPLAIN VENTING AFFIDAVIT**

PREPARED BY

CITY OF PASS CHRISTIAN CODE OFFICE

200 WEST SCENIC DR

PASS CHRISTIAN, MS 39571

OFFICE 228-452-3324

FAX 228-452-3044

GRANTOR_____

GRANTEE_____

ADDRESS_____

CITY/ST/ZIP_____

PHONE#_____

LEGAL DESCRIPTION_____

HARRISON COUNTY, MISSISSIPPI