



CITY OF PASS CHRISTIAN

CODE OFFICE

200 WEST SCENIC DR

PASS CHRISTIAN, MS 39571

228-452-3324

APPLICATION FOR DEMOLITION PERMIT

Property Owner:

Date: _____

Name: _____

Permit : _____

Address: _____

Approval: _____

Phone: _____

Location of Demo:

Email: _____

Address: _____

Parcel: _____

Zone: _____

Agent of Owner (if different from property owner)

Name: _____

Address: _____

Phone Number: _____

Email: _____

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 of authorized property or authorized to act as the owner's agent for the herein described work.

Name of Applicant (print) _____ Association with owner _____

Date: _____ Signature: _____