

City of Pass Christian  
Code Office  
200 West Scenic Drive  
Pass Christian, MS 39571  
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## DRIVEWAY / SIDEWALK PERMIT

Date: \_\_\_\_\_ Permit# \_\_\_\_\_ Approval: \_\_\_\_\_

Property Owner: \_\_\_\_\_ LOCATION/ADDRESS: \_\_\_\_\_

Name: \_\_\_\_\_ PARCEL# \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Agent Of Owner (if different from Property Owner)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The permit cost is \$50.00 plus a \$30.00 Issuance fee. This is to be paid when permit is issued.  
Inspection will be done once project is complete.

I hereby certify that I have read this application and that all information contained herein is true a correct; that I agree to comply with all applicable codes, ordinances and state laws regulating building construction; that I am the owner of authorized to act as the owner's agent for the herein described work.

NAME OF APPLICANT (print) \_\_\_\_\_

ASSOCIATION WITH OWNER \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_