

# City of Pass Christian

Community Development  
200 West Scenic Drive  
Pass Christian, MS 39571

## SLAB REMOVAL APPLICATION

Date: \_\_\_\_\_

### Property Owner:

Permit: \_\_\_\_\_

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

Approval: \_\_\_\_\_

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

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

Location: \_\_\_\_\_

Parcel: \_\_\_\_\_

Agent of Owner: (if different from Property Owner)

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

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

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

The fee is \$54 plus \$30 Issuance fee to be paid at the time of permit.

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. OWNER/CONTRACTOR IS RESPONSIBLE FOR REMOVING DEBRIS

NAME OF APPLICANT: \_\_\_\_\_ .ASSOCIATION WITH OWNER \_\_\_\_\_

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