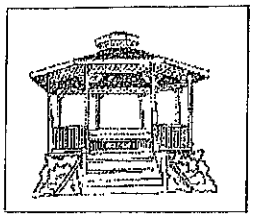

City of Pass Christian

Code Office
200 West Scenic Drive
Pass Christian, MS 39571
Ph.: 228-452-3316 Fax: 228-452-3044
Email: codesoffice@pass-christian.com

APPLICATION FOR ROOF PERMIT

DATE: _____

Property Owner: _____ PERMIT NO.: _____

Name: _____ APPROVAL: _____

Address: _____

Phone Number: _____ Location:

Email: _____ Address: _____

Parcel: _____

Agent of Owner (If different from Property Owner) VALUE OF THE ROOF JOB: _____

Name: _____ CONTRACTOR'S STATE LIC. _____

ADDRESS: _____

CITY/STATE/ZIP_____

PHONE NUMBER: _____

SCOPE OF WORK:

_____

_____

_____

_____

_____

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

NAME OF APPLICANT (print) _____ ASSOCIATION WITH OWNER_____

DATE_____ SIGNATURE_____