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:_____

Email:_____

TREES _____ **Parcel:_____**

Zone:_____

Agent of Owner (if different from property owner)

Name:

Address:

Phone Number: _____

Email:_____

The cost for the permit is $54 plus a $30 Issuance Fee.

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: _____

*****ANY STRUCTURE TO BE DEMOLISHED MUST BE SATURATED WITH WATER PRIOR TO DEMOLITION. IF NEEDED, THIS CAN BE DONE BY ARRANGEMENT WITH THE FIRE DEPARTMENT AT AN ADDITIONAL COST OF $100.00 PAYABLE WITH PERMIT FEE. *****