

City of Pass Christian

Community Development
200 West Scenic Drive
Pass Christian, MS 39571

APPLICATION FOR FILL DIRT

Date: _____

Property Owner:

Permit: _____

Name: _____

Approval: _____

Address: _____

Phone: _____

Location: _____

Address of Fill: _____

Parcel: _____

AMOUNT OF FILL _____

Agent of Owner: (if different from Property Owner)

Name: _____

Address: _____

Phone Number: _____

The permit is \$60 plus a \$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.

NAME OF APPLICANT: _____, ASSOCIATION WITH OWNER _____

DATE: _____ SIGNATURE: _____