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

APPLICATION FOR LOT CLEARING PERMIT

Date: _____
Permit# _____
Approval: _____

Property Owner: _____
Address: _____
Phone Number: _____
Email: _____

Property Location: _____
Parcel# _____

Agent of Owner (if different from Property Owner)

Name: _____
Address: _____
Phone#: _____
Email: _____

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 to act as the owner agent for the herein described work.

Name of applicant: (print)

Date: _____ Signature: _____