APPLICATION FOR MECHANICAL PERMIT

CITY OF PASS CHRISTIAN

City of Pass Christian Code Department
200 West Scenic Drive
Pass Christian, MS 39571
Phone: 228-452-3316
Fax: 228-452-3044
codesoffice@pass-christian.com

DATE: _____

PROPERTY OWNER:
NAME: _____
ADDRESS: _____
Permit Number: _____
Phone Number: _____

CONTRACTOR: _____
Name: _____
Address: _____
Phone: _____
Email: _____

New Building ____ Building Addition ____ Existing Building ____ Building moved on Lot ____

VALUATION OF JOB: _____

MISC : _____

REMARKS: _____

This permit becomes null and void if work or construction authorized is not commenced within 6 months of construction or work is suspended or abandoned for a period of 1 year at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein of not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

_____
Contractor

_____
Date