



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: _____

PERMIT NO.: _____

APPROVAL: _____

Property Owner: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Location: _____

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 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 (print) _____ ASSOCIATION WITH OWNER _____

DATE _____ SIGNATURE _____