City of Pass Christian
Code Office
200 West Scenic Drive
Pass Christian, MS 39571
Ph# 228-452-3316 / Email: codeoffice@pass-christian.ms.gov

DRIVEWAY / SIDEWALK PERMIT

Date: _____ Permit# _____ Approval: _____

Property Owner: _____ LOCATION/ADDRESS: _____

Name: _____ PARCEL# _____

Address: _____

Phone: _____

Email: _____

Agent Of Owner (if different from Property Owner)

Name: _____

Address: _____

Phone: _____

Email: _____

The permit cost is $50.00 plus a $30.00 Issuance fee. This is to be paid when permit is issued. Inspection will be done once project is complete.

I hereby certify that I have read this application and that all information contained herein is true a 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's agent for the herein described work.

NAME OF APPLICANT (print) _____

ASSOCIATION WITH OWNER _____

DATE: _____SIGNATURE: _____