City of Pass Christian

Community Development
200 West Scenic Drive
Pass Christian, MS 39571

SLAB REMOVALAPPLICATION

Date: _____

Property Owner:

Permit: _____

Name: _____

Approval: _____

Address: _____

Phone: _____

Location: _____ Parcel: _____

Agent of Owner: (if different from Property Owner)

Name:_____

Address: _____

Phone Number:_____

The fee is $54 plus $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. OWNER/CONTRACTOR IS RESPONSIBLE FOR REMOVING DEBRIS

NAME OF APPLICANT: _____.ASSOCIATION WITH OWNER_____

DATE: _____ SIGNATURE: _____