



HOSPITALITY CITY

Building/Zoning Department
301 Coleman Avenue
Waveland, MS 39576
(228)466-2549
(228)467-5177 FAX

General Permit Application

Estimated project cost \$ _____ Date: Applied: _____

Address of Project: _____

Single Family Res. Multi-Fam. Res. Small Comm. Large Comm. Industrial

Owner Information:

Last Name: _____ First: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____ E-mail: _____

(Optional)

Contractor Information:

Contractor Business Name: _____

Contact Name: _____ Phone#: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____ E-mail: _____

(Optional)

Permit Information:

Type of Work: New Construction Addition Remodel Demo Sign Other

Description of Work: _____

Use of Building: _____

Sq. Ft. _____ Number of Stories: _____ Number of Units: _____ Flood Zone: _____

Type of Construction: Wood Brick Steel Concrete Stone Other

Historical District: _____ Current Zoning: _____ Parcel#: _____

Present Use: _____ Proposed Use: _____ Conforming: Yes No

I hereby make application for permit to perform the work as described herein and if permit is granted, I agree to conform to all regulations and ordinances of the City pertaining thereto and in accordance with the plans submitted.

Applicant's Signature: _____ Approved By: _____

Remarks: _____