



HOSPITALITY CITY

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

Mechanical Permit Application

Cost of Project: _____ Date applied: _____

Address of Project: _____

Single Family Res Multi-Fam. Res Commercial Repairs

Owner Information:

Last Name: _____ First: _____ Middle Initial: _____

Address: _____ City: _____

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

Contractor Information:

Contractor Business Name: _____ MS License #: _____

Contact Name: _____ Phone#: _____

Address: _____ City: _____

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

Permit Information:

Type of Work: ___ New Construction ___ Addition ___ Remodel ___ Demo ___ Other

Description of Work (size and number of units) _____

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: _____
