



**CITY OF LAUREL  
INSPECTION DEPARTMENT  
401 N 5TH AVE LAUREL MS 39440  
(601) 428-6438**

# LAND CLEARING PERMIT APPLICATION

Date: \_\_\_\_\_

**PERMIT FEE: \$100.00**

## **Contractor Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## **Owner Contact Information:**

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Project Address:** \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PERMIT IS VALID FOR 6 MONTHS FROM DATE OF ISSUANCE.

BY MY SIGNATURE, I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. I FURTHER AGREE THAT ALL WORK WILL COMPLY WITH CITY STANDARDS AND ORDINANCES IN ACCORDANCE WITH THE GOVERNING JURISDICTION OF THE CITY OF LAUREL.

\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **For Office Use Only**

Permit #: \_\_\_\_\_

License #: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

### **Zoning**

\_\_\_ R-1

\_\_\_ R-2

\_\_\_ R-3

\_\_\_ R-4

\_\_\_ C-1

\_\_\_ C-2

\_\_\_ C-3

\_\_\_ C-4

### **Overlay**

\_\_\_ Downtown

\_\_\_ Sawmill

\_\_\_ Leontyne

\_\_\_ Tri-Park

\_\_\_ Central Bus. Dist.

### **Historic**

\_\_\_ Yes

\_\_\_ No