



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

PPIN #: _____
 FLOOD ZONE: _____
 ZONING DISTRICT APPROVAL: _____
 HISTORICAL DISTRICT: _____
 CERTIFICATE OF APPROPRIATENESS
 ISSUED: _____

BUILDING PROJECT APPLICATION

NOTE: THIS PERMIT IS FOR THE BUILDING PROJECT ONLY. IT DOES NOT COVER ELECTRICAL, GAS, HVAC, PLUMBING, LAND-CLEARING, OR DEMOLITION PERMITS. THESE PERMITS ARE REQUIRED TO BE OBTAINED SEPARATELY FOR EACH SEGMENT.

Date: _____
 PROJECT: _____
 Address: _____
 Property Owner: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____
 Telephone: _____ Cell Phone: _____

<u>Structure</u>	<u>Zoning</u>	<u>Overlay</u>
NEW	___ R-1	___ Downtown
EXISTING	___ R-2	___ Sawmill
ATTACHED	___ R-3	___ Leontyne
DETACHED	___ R-4	___ Tri-Park
OTHER: _____	___ C-1	___ Cent. Bus. Dist.
	___ C-2	<u>Historic</u>
	___ C-3	___ Yes
	___ C-4	___ No

Setbacks from Adjoining Property: FRONT _____
 BACK _____ NEAREST SIDE _____

COMPLETE PLANS ARE REQUIRED FOR ALL NEW COMMERCIAL, NEW RESIDENTIAL, AND MAJOR RENOVATIONS, REPAIRS, ADDITIONS. PERMITS WILL NOT BE ISSUED WITHOUT PROPER PLANS BEING SUBMITTED FOR APPROVAL.

<u>TYPE OF CONSTRUCTION</u>	<u>PROJECT TYPE</u>	<u>PLAN CHECKLIST</u>		
Residential	NEW COMMERCIAL	Property Plat/Site Plan	YES _____	NO _____
Commercial	NEW RESIDENTIAL	Foundation	YES _____	NO _____
Industrial	RENOVATION	Building	YES _____	NO _____
Multi-Family	REPAIR	Electrical	YES _____	NO _____
<u>If Multi-Family:</u>	ADDITION	Plumbing/GAS	YES _____	NO _____
Buildings: _____	OTHER:	Mech/HVAC	YES _____	NO _____
Units: _____	_____	<i>Flood Zone*</i>	YES _____	NO _____
Lot Size: _____		<i>Historic District**</i>	YES _____	NO _____

*FLOODPLAIN PERMITS MUST BE COORDINATED WITH FLOODPLAIN ADMINISTRATOR.
 ***PERMITS FOR EXTERIOR WORK IN THE HISTORIC DISTRICT REQUIRE A CERTIFICATE OF APPROPRIATENESS.

Scope of Work: _____

For Office Use Only _____

Permit #: _____
 Tax Parcel #: _____
 Approved by Planning Commission: Yes _____ No _____

Approved by: _____
 Date Approved: _____
 Date Issued: _____

CONTRACTOR INFORMATION: (Please list all subcontractors)

General Contractor: _____

Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone: _____ Cell Phone: _____

SUB-CONTRACTOR INFORMATION:

Electrical: _____

GAS/Plumbing: _____

Mech(HVAC): _____

Demolition: _____

Land Clearing: _____

Other: _____

STATE CERTIFICATES OF RESPONSIBILITY

A State Certificate of Responsibility, as issued by the State of Mississippi is required for the following:

1. Publicly funded projects in excess of \$50,000 and commercial construction in excess of \$50,000.
2. Residential homes in excess of \$50,000 require a Residential Certificate.
3. Residential remodeling/alteration/addition in excess of \$10,000 requires a Residential Certificate.

For further information, including information on reciprocity agreements, contact the State Board of Contractors at 1-800-880-6161.

For those applications where a state certificate is not required or where the contractor does not have a state certificate; Applicants are required to purchase a privilege license from the City of Laurel. If you have any questions regarding license fees and insurance/ bond requirements, please contact the City Clerk's Office at (601)-428-6404.

TOTAL JOB COST: _____ **PERMIT COST:** _____

PERMIT IS VALID FOR 6 MONTHS FROM DATE OF ISSUANCE.

NOTE: ALL PLUMBING WORK MUST COMPLY WITH CITY STANDARDS FOR WATER AND SEWER USAGE TO INCLUDE BUT NOT BE LIMITED TO THE USE OF BACK-FLOW PREVENTERS WHERE REQUIRED. COMPLIANCE IS ALSO REQUIRED WITH THE CITY REGULATIONS FOR FIRE HYDRANTS, WHERE APPLICABLE.

I ALSO ACKNOWLEDGE THAT I AM RESPONSIBLE FOR ALL NECESSARY CLEAN-UP AND DISPOSAL ON JOB-SITE WHEN PROJECT IS COMPLETE.

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.

NAME:(PLEASE PRINT) _____ TITLE: _____

SIGNATURE _____ DATE: _____