COAHOMA COUNTY BUILDING PERMIT APPLICATION

71 Sunflower Avenue Clarksdale, MS 38614 (662)624-9300

NOTE! INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE PROCESSED

Amount Paid: \$	Date:	_ Application	Received By:	
Application is hereby n	nade for permission to: (Please P	rint or Type De	tailed Description	n of Work To Be Done)
Project Address			Parcel	
Applicant's Valuation \$_	alCommercialNew _ County's Valu	uation \$	Total	Square Feet
Individual Waste Water	r System:New _ArchitectContractor _	Exist	ing System Ye	ear of Installation
	_ArchitectContractor _			
Who is Contact Person	?ArchitectContractor_	Owner	Tenant Of	 ther
Owner Information	ruemicetcontractor_	0 wher	_10114111 0	
		Phone ()	
Contractor Information		<i>J</i>		1
		Phone ()	
Address	(City	S1	tate Zip
License#	Other			
examined and/or made this construct said improvement the information that I have approval of any plan in conn thereof in violation of any plan successors in from complying ISSUANCE OF A PERMIT MORE THAN 180 DAYS ABETWEEN APPROVAL OF I hereby certify that I am the behalf of the owner. A contrawork in the unincorporated a	TENTIONAL MISREPRESEN application and it is true and in compliance with all provision stated hereon forms a basis for ection therewith shall not be convision of the Coahoma County therewith. WHERE NO WOR OR WHEN MORE THAN 180 LAFTER THE ISSUANCE OF A REQUIRED INSPECTIONS, See OWNER at this address or that actor holding a valid contractor areas of Coahoma County will define the complete the county will define t	orrect to the lans of the Ordinar the issuance of the ordinar the issuance of	OOR PERJURY, best of my know the sof Coahoma the Building Perit any construction there or dinance of TARTED WITH THE ISSUANCE WHEN MORE SHALL BE VOICES of obtaining the state of Mork on this project	I DECLARE that I have ledge and belief. I agree to a County, MS. I realize that rmit herein applied for and on upon said premises or user to excuse the owner or his IIN 180 DAYS AFTER THE OF A PERMIT OR WHEN THAN 180 DAYS LAPSES ID. his approval; I am acting or lississisppi and/or certified to t.
Address	City	7	State	Zip
Phone ()	Cell ()		

SUBMITTAL OF THIS APPLICATION IS FOR REVIEW PURPOSES ONLY BUILDING PLANS MUST ACCOMPANY APPLICATION