

TAX PARCEL NO. _____ PERMIT NO. _____ DATE: _____

CITY OF PEARL
APPLICATION FOR BUILDING PERMIT

Type of Permit:

- ___ A. Erection or Construction
- ___ B. Repair or Alteration
- ___ C. Excavation or Site Work
- ___ D. Moving
- ___ E. Demolition or Razing

Type of Structure:

- | | |
|---|--|
| <u>New Residential Housekeeping Buildings</u> | |
| ___ 101 Single-family house, detached | ___ 324 Offices, banks, and professional |
| ___ 102 Single-family house, attached | ___ 325 Public works and utilities |
| ___ 103 Two-family building | ___ 326 Schools and other educational |
| ___ 104 Three- and four-family building | ___ 327 Stores and customer services |
| ___ 105 Five-or-more family building | ___ 328 Other non-residential buildings |
| | ___ 329 Structures other than buildings |
| <u>New Residential Non-housekeeping Buildings</u> | |
| ___ 213 Hotels, motels, and tourist cabins | ___ Additions, Alterations, and Conversions |
| ___ 214 Other non-housekeeping shelter | ___ 434 Residential (except garages/carpports) |
| | ___ 437 Non-residential and non-housekeeping |
| | ___ 438 Additions of garages and carpports |
| <u>New Non-residential Buildings</u> | |
| ___ 318 Amusement, social, and recreational | ___ Demolitions and Razing of Buildings |
| ___ 319 Churches and other religious | ___ 645 Single family houses (attach/detach) |
| ___ 320 Industrial | ___ 646 Two-family buildings |
| ___ 321 Parking garages | ___ 647 Three- and four-family buildings |
| ___ 322 Service stations and repair garages | ___ 648 Five-or-more family buildings |
| ___ 323 Hospitals and institutional | ___ 649 All other buildings and structures |

Location:

Street Address _____
 Lot No. _____ Block _____ Subdivision _____
 Square footage of building _____ Current zoning _____
 Number of residential units _____ Sewer tap needed? _____
 Water meter size? _____ Water tap size? _____
 Square footage for plan review _____
 Cost of Construction \$ _____

If Commercial:

No. Electrical outlets _____ No. Plumbing fixtures _____ No. Parking spaces _____ MPC No. _____

Location in Flood Zones:

___ A. Inside 100 year floodplain
 Flood Insurance Rate Map Panel Number _____
 Base Flood Elevation _____ Lowest Floor Elevation _____
FLOOD ELEVATION CERTIFICATE REQUIRED
 ___ B. Outside 100 year floodplain

OWNER'S NAME AND ADDRESS:

CONTRACTOR'S COMPANY NAME AND ADDRESS:

 Phone No. _____

 Phone No. _____

SUBCONTRACTOR'S COMPANY NAME AND SIGNATURE:

PHONE NO.

Electrical _____
 Plumbing _____
 Mechanical _____

I hereby certify that I am the owner, or the owner's agent for the purpose of applying for this permit, and the information set forth above is true and correct and the same may be utilized for all purposes, including tax assessment and levy. I understate that the building permit issued pursuant to this application is valid for six months after date of issuance.

Signature - Owner, Contractor, or Agent

APPROVAL OF PERMIT

Printed or typed name of person signing

Date