

**CITY OF FLOWOOD BUILDING PERMIT APPLICATION**  
**RESIDENTIAL PERMIT**

2101 AIRPORT ROAD / P. O. BOX 320069, FLOWOOD, MS 39232

PHONE: 601-939-4279 FAX: 601-420-3332

NEW ___ SHELL ___ BUILD OUT ___ REPAIR ___ ADDITION ___ OTHER ___
PLUMBING ___ ELECTRIC ___ MECHANICAL ___ FIRE/IRR ___ SWIMMING POOL ___ OTHER ___

APPLICANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

CELL # \_\_\_\_\_ FAX # \_\_\_\_\_ BONDED Yes \_\_\_ No \_\_\_

LICENSE # \_\_\_\_\_ ISSUED BY CITY/STATE OF \_\_\_\_\_

MPC# _____	MPC AMOUNT \$ _____	TOTAL SQ. FT. _____	HEATED SQ. FT. _____
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GENERAL CONTRACTOR _____
<b>LIST OF SUB-CONTRACTORS:</b>
PLUMBING _____ FIRE / IRRIGATION _____
ELECTRIC _____ OTHER _____
MECHANICAL _____

**WORK /SITE ADDRESS** \_\_\_\_\_ **LOT#** \_\_\_\_\_

**SUBDIVISION** \_\_\_\_\_

ZONE \_\_\_\_\_ FLOOD ZONE \_\_\_\_\_ GROUP \_\_\_\_\_ TYPE \_\_\_\_\_ USE \_\_\_\_\_

BRIEF DESCRIPTION OF WORK \_\_\_\_\_

ESTIMATED MARKET VALUE UPON COMPLETION \$ \_\_\_\_\_

ARCHITECT/DESIGNER \_\_\_\_\_ PHONE # \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL CONTRACT PRICE \$ _____	FEE \$ _____
APPLICANT'S SIGNATURE _____	LATE FEE \$ _____
APPROVED BY _____	FILE FEE \$ 11.00
DATE _____	<b>TOTAL FEE DUE \$ _____</b>