

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 ___

EMAIL _____

LICENSE # _____ ISSUED BY CITY/STATE OF _____

MPC# _____ MPC AMOUNT \$ _____ TOTAL SQ. FT. _____ HEATED SQ. FT. _____

| | |
|---------------------------------|-------------------------|
| GENERAL CONTRACTOR _____ | |
| LIST OF SUB-CONTRACTORS: | |
| 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 \$ _____ |
| PRINT NAME _____ | FILE FEE \$ 11.00 |
| APPROVED BY _____ | TOTAL FEE DUE \$ _____ |
| DATE _____ | |

