

CITY OF CLARKSDALE
BUILDING PERMIT APPLICATION

Address: _____

(A) Lot: _____ Block: _____ Subdivision: _____

(B) Short Parcel#: _____ Long Parcel#: _____

(C) Legal description: _____

Section a b or c must be filled in order to receive a permit.

Applicant's Name: _____

Applicant's Address: _____

Telephone Number: _____

Fax Number: _____

Property Owner's Name: _____

Property Owner's Address: _____

Telephone Number: _____

Fax Number: _____

Building Contractor Information:

Name and address of builder: _____

Telephone Number: _____ Fax Number: _____

City of Clarksdale Privilege License Number: _____ Exp. Date: _____

State of Mississippi or other License Number: _____ Exp. Date: _____

MPC Number: _____

Brief description of work to be performed: _____

Type of work performed:

Remodel () Repair () Build () Install () Move ()

Remove () Reroof ()

If you checked build or install, please fill in the information below:

Living Space in Square Feet: _____ Basement/Storage: _____

Porches: _____ Garage: _____ Other: _____

If you are moving a structure, please indicate the following:

Existing address: _____ Future: _____

Starting Date: _____ Ending Date: _____

If you are demolishing a structure, please indicate the following:

Date starting : _____ Expected completion date: _____

Construction Cost(labor and materials) _____

If the structure is 5,000 square feet or more, primarily used for assembly, educational, institutional or 3 or more stories, please indicate name and address of the architect below

Architect's name: _____

Architect's address: _____

Intended use of structure upon completion: _____

In order to receive a building permit we may need to have a plot plan drawing and / or plans work. This will be at the discretion of the Inspections Department.

Signature of applicant: _____ Date: _____