

CITY OF BYRAM, MISSISSIPPI BUILDING PERMIT APPLICATION POBOX 720609 ~ 550 EXECUTIVE BLVD \sim BYRAM, MS 39272 ~ 601 -372-7791 \sim Fax: 601-372-0191

| Date: | | | | | | |
|-------------------------------------|------------------|------------------------------------|------------------------|----------------------------------|------------|--|
| Work Site Location: | | | | Subdivision: | | |
| Parcel # | | | | Lot# | | |
| Contractor In | nformation | | | | | |
| Name | | | | | | |
| Contact Name | 2 | | | | | |
| Address | | | | | | |
| Phone Number | er | | | | | |
| Owner Inform | mation | | | | | |
| Name | | | | | | |
| Address | | | | | | |
| Phone Number | | | | | | |
| Sub-Contracto | or | | | | | |
| Electrical Lic | Nama | | | | | |
| Reg | Address: | | | | | |
| Bond/Ins | Phone Numb | e r | | | - | |
| Dona, ms | 1 Hone I vanis | C1 | | | - | |
| Mechanical | | | | | | |
| Lic | Address: | | | | | |
| Reg | Phone Number:: | | | | | |
| Bond/Ins | | | | | | |
| Plumbing | Name: | | | | | |
| Lic | Address: | | | | | |
| Reg | Phone Numb | er:: | | | _ | |
| Bond/Ins | | | | | | |
| | All Co | | | with The City of Byran | n | |
| | | 2012 KNO | X BOX ORDIN | IANCE. | | |
| Type of Per | mit (circle one) | | Estimated C | Construction Cost: | | |
| Residential | Commercial | Industrial | MPC required | for Commercial/Industrial Con | istruction | |
| ()Novy Coma | t matica | () A gangan was Stand | | | | |
| ()New Cons ()Addition/l | | ()Accessory Stru ()Demolition | icture | No. of Stories Sewer Provider | | |
| ()Foundation Repair | | ()Paving | | Gas Provider: Atmos | | |
| () Electrical | ii riepuii | ()Pool | | Total Heated/Cooled | | |
| () Remodel | | ()Cell Tower Ad | ldition | | sq. ft. | |
| ` ' | | ()Mobile Home | | Flood Zone | * | |
| () Utility Release-Electric ()Roo | | ()Roof | | Flood Plain Cert. # | | |
| ENTERGY ACCOUNT # | | | Base Flood Elevation _ | | | |
| | | | | Lowest Floor Elevation | | |
| | | | | FIRM/Panel No | | |
| Const Type | | Occ Type | | Foundation Type | | |
| Signature | | | | | | |
| | Applicant | | | _ | | |
| Signature | Bldg. Dept. Rep. | | | _ | | |