| . :  |                            |              |                             |             |                         |         |
|--|----------------------------|--------------|-----------------------------|-------------|-------------------------|---------|
|  | City of                    | Coahom       | n <b>a Permit</b> A<br>Date |             | ation<br>               |         |
| Type of work (Please check   | (one): Build               | ding Electri | cal Plumbing                | Gas         | SprinklerSystem         | Other 1 |
| Description:   |                            |              |                             |             |                         |         |
| Job Address:   | Estimated Cost: \$         |              |                             |             |                         |         |
|  |                            |              |                             |             |                         |         |
| Legal Address:   | Lot(s)                     |              | Block                       |             | Addition                |         |
| Name of Owner:   | Telephone#:                |              |                             |             |                         |         |
| Mailing Address:   |                            |              |                             |             |                         |         |
| Contractor Eype:<br>GeneralContractor  |                            | Contracto    | r Name                      |             | elephone Number         |         |
| Master Electrician   |                            |              |                             |             |                         |         |
| Master Plumber   |                            |              |                             |             |                         |         |
| Licensed Mechanical Co   | ntractor                   |              |                             |             |                         |         |
| The affixing of my signa<br>further that such work s   |                            |              |                             | les adopted | by the City of Coahoma. |         |
| Printed Name   |                            | Signature    |                             | Lie         | cense Number            |         |
| <ul> <li>Permits cannot be issued without contractors being listed on application</li> <li>Double permit fees will be charged for work started prior to issuance of permits</li> <li>You must attach a plot plan of your property to your application</li> <li>If any portion of the lot lies in the flood plain you must submit a development permit application and an elevation certificate .</li> <li>All reinspection fees must be paid before the building final being approved</li> <li>Structure shall not be occupied until all final inspections have been approved and a Certificate of Occupancy has been issued</li> <li>The Building Inspection Department is not responsible to insure that your structure is in compliance with all legal requirements and regulations that apply to your property. It is your responsibility to ensure that your property complies with allappJicable legal reauirements iDeed Restrictions)</li> </ul> |                            |              |                             |             |                         |         |
|  |                            | For C        | Official Use Only           |             |                         |         |
| Date Reviewed:   | Permit Number:             |              |                             |             |                         |         |
| Zoning:'   | Flood Plain:               |              |                             |             |                         |         |
| Remarks:   | P                          |              |                             |             |                         |         |
| Approved:  | Date:<br>Building Official |              |                             |             |                         |         |
|  |                            |              |                             |             |                         |         |

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