



BUILDING PERMIT DIVISION
OFFICE OF CODE SERVICES
DEPARTMENT OF PLANNING AND DEVELOPMENT
CITY OF JACKSON, MISSISSIPPI

200 SOUTH PRESIDENT STREET
 POST OFFICE BOX 17
 JACKSON, MS 39205
 601-960-1167

APPLICATION FOR CODE COMPLIANCE INSPECTION

Street Address _____ County _____

Subdivision _____ Lot _____ Block _____

Section _____ Township _____ Range _____ Map _____ Parcel _____

Ward # _____ Census Track # _____ Historic District _____

Property Owner _____ Contact Person _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Tenant / Lessee _____ Contact Person _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Applicant _____ Contact Person _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Previous Use _____

Proposed Use _____

Occupancy Group: A B E F H I M R S

Construction Type: I II III IV V VI In Fire District? Yes No

Square Footage _____ No. of Stories _____

Use Zone _____ Parking Spaces _____ No. of Living Units _____

Sprinklers? Yes No Elevators? Yes No Hazardous Materials? Yes No

HAS THIS STRUCTURE BEEN DESIGNATED SUBSTANDARD OR UNSAFE? Yes No

IS THIS A FOOD ESTABLISHMENT UNDER CITY ORDINANCE? Yes No

ARE ALCOHOLIC BEVERAGES SOLD ON THESE PREMISES? Yes No

IS THIS AN ADULT ENTERTAINMENT ESTABLISHMENT? Yes No

CERTIFICATION

Application is hereby made for an inspection to determine if the existing building described herein is in compliance with codes adopted the City of Jackson. I hereby certify that I have read this application and that all information contained herein is true and correct, and that I am the owner or authorized to act as the owners or authorized to act as the owner's agent for this property.

Date: _____ Company: _____

Signature: _____

Owner or Authorized Agent

FOR CITY USE ONLY:

FLOODPLAIN: Is any part of property in the floodplain? Yes No

Flood Zone: None A AO Base Flood Elevation (from map) _____

INSPECTIONS

Building Inspection by _____ Date _____

Electrical Inspection by _____ Date _____

Mechanical Inspection by _____ Date _____

Plumbing/Gas Inspection by _____ Date _____

NOTE: Attach copies of all inspection reports.

Permit Fee \$75.00

Inspection Fee \$ _____

Total Fee \$ _____

Application Approved By _____ Date _____

Letter Issued By Building Official _____ Date _____

REMARKS: