

REPAIR AGREEMENT INSTRUCTIONS

Please read carefully

Constituent's copy (Keep)

All repair agreements shall contain the following prior to review:

1. Proof of ownership
2. Copy identification (Government)
3. Itemized list of repairs needed with estimated cost for each repair
4. Start date must be within 10 business days of receiving this form.
5. Name of licensed and bonded contractor for plumbing, electrician and general. if permit is needed.
6. Proof of funding for projects.

The repair agreement, when submitted, will be reviewed by the Code Enforcement Official and/or his/her designees. If approved, you must secure all necessary permits through the City of Jackson Code Services Department, 200 S. President Street (3rd floor) 601-960-1167 or online at: <https://www.jacksonms.gov/building-permits>. Once you've received your permit, you must contact the Community Improvement office.

Should you need more information, have any questions or need to schedule an appointment to discuss the repair agreement, please contact the Community Improvement Code Enforcement Officer on case form at (601) 960-1054, via fax at (601) 960-1700 or email at: cid@jacksonms.gov.

Please note: After the following items are completed then the repair agreement will be sent to supervisor for approval.

- Glass must be cut within the first 15 days
- Debris must be removed within the first 15 days
- All inoperable vehicles must be removed within the first 15 days

REPAIR AGREEMENT INSTRUCTIONS

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RETURN THIS COPY WITH AGREEMENT

Date request received: _____

Person received request: _____

Assigned officer _____

1. Proof of ownership: Name _____
2. Copy identification (Government)DL/ID# _____
3. Estimated cost of repairs. (page 2) Total \$ _____
4. Will licensed and bonded contractor for plumbing, electrician and general repairs be used (Y)____ (N)____
5. Proof of funding for projects. (bank etc..) (Y)____ (N)____

Progression dates:

1. Cleaning of property (15 days of agreement) Date: _____
2. Inspection Date _____ Progress made Yes _____ No _____
3. Permit Date: _____ Progress made Yes _____ No _____
4. Inspection Date _____ Progress made Yes _____ No _____
5. Inspection Date _____ Progress made Yes _____ No _____
6. Inspection Date _____ Progress made Yes _____ No _____

Closed Date: _____

By: _____

CITY OF JACKSON
Community Improvement Division
Code Enforcement Unit (601) 960-1054

200 South President St.
P. O. Box 17
Jackson, MS 39205-0017

REPAIR AGREEMENT

OWNER INFORMATION

Name: _____

Address: _____

Phone: _____ Submitting Date: _____

The City of Jackson agrees to accept the provisions of this repair agreement for Case# _____ to abate the menace to health and safety at the location _____ in lieu of further action provided the following repairs are made starting (date for cleaning) _____ completion of cleaning on _____. Starting date for repairs (must be within 10 days of signing agreement) _____. Ending date of repairs _____ (no longer than 60 days of signing agreement), more time will be allowed if significant progress made. Owner understands that failure to honor the terms and conditions of this agreement shall result in the cancellation of all permits, an order to condemn the structure(s), declare it unfit for human habitation, and/or demolish it.

ITEM	COST ESTIMATE \$

Signature of Owner

Signature of Code Enforcement Representative

Name of Licensed and Bonded Contractor

1. _____
2. _____
3. _____

Name of Licensed and Bonded Plumber

1. _____
2. _____
3. _____

Name of Licensed and Bonded Electrician

1. _____
2. _____
3. _____