



**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
601-960-1160 or 601-960-1167
Fax # 601-960-1287**

REQUEST FOR RENTAL/ LEASE HOUSING INSPECTION

DATE: _____

PLEASE CHECK THE FOLLOWING DWELLING:

SINGLE FAMILY

DUPLEX

TRIPLEX

QUADPLEX

LOCATION OF SERVICE: _____

TENANT INFORMATION

NAME: _____
(LAST) (FIRST)

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

TELEPHONE: _____

OWNER or AGENT INFORMATION

NAME: _____
(LAST) (FIRST)

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

TELEPHONE: _____

*All structures requesting electrical power or gas service must have a working smoke detector.

TOTAL FEE \$60.00

Applicant Signature