

City of Grenada, Mississippi Planning & Zoning Department



Building Permit Application

Job Address: _____ Lot: _____ Block/Subdivision: _____

Owner: _____

Address: _____ Phone #: _____

General Contractor: _____ License #: _____

Address: _____ Phone #: _____

Designer: _____

Address: _____ Phone #: _____

Zoned: _____ Use of Building: _____ Total Sq Ft: _____ No. of Stories: _____

Class of Work:

New Addition Alteration Repair Renovation Move

Describe Work: _____

Special Conditions: _____

Occupancy Class

Assembly Educational Hazardous Mercantile Storage
 Business Industrial Residential Commercial Institutional

Residential:

Number of Living Units: _____, or Families: _____

Commercial:

Sq Ft of total Office/Retail Space: _____ Number of Employees on Largest Shift: _____

Number of Parking Spaces Required: _____ No. of Handicapped: _____

Electrical

- | | |
|--|---|
| <input type="checkbox"/> No New Wiring | <input type="checkbox"/> All New Wiring |
| <input type="checkbox"/> Rough-in Wiring Only | <input type="checkbox"/> Addition to Old Wiring |
| <input type="checkbox"/> Wiring Complete with Fixtures | <input type="checkbox"/> Old Wiring Overhauled |
| <input type="checkbox"/> Fixtures Only | |

Electrical Service: _____ Volts: _____ Wires: _____ Meter(s): _____

Electrical Contractor: _____ License #: _____

Address: _____ Phone #: _____

Plumbing

- | | |
|--|---|
| <input type="checkbox"/> No New Plumbing | <input type="checkbox"/> All New Plumbing |
| <input type="checkbox"/> Plumbing Rough-in | <input type="checkbox"/> Addition to Old Plumbing |
| <input type="checkbox"/> Plumbing Complete with Fixtures | <input type="checkbox"/> Old Plumbing Reworked |
| <input type="checkbox"/> Fixtures Only | |

Plumbing Contractor: _____ License #: _____

Address: _____ Phone #: _____

Mechanical

Plumbing Contractor: _____ License #: _____

Address: _____ Phone #: _____

Describe work in detail: _____

Signs

- | | |
|---|---|
| <input type="checkbox"/> New Signs | <input type="checkbox"/> Replacing Signs |
| <input type="checkbox"/> Sign with Lights | <input type="checkbox"/> Reader-board Signs |

Contractor: _____ Phone #: _____

Address: _____

Number of Faces: _____ Sq Ft per face: _____

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, ELECTRICAL, MECHANICAL, AND SIGNS. ANY PERMIT ISSUED BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMPLETED WITHIN 180 DAYS. THE APPLICANT MAY REQUEST, IN WRITING, ONE OR MORE EXTENSIONS OF TIME, FOR PERIODS NOT MORE THAN 180 DAYS EACH.

I UNDERSTAND THAT THIS IS AN APPLICATION ONLY AND THE FILING OF AN APPLICATION DOES NOT GUARANTEE THE ISSUANCE OF A PERMIT. I UNDERSTAND THAT ADDITIONAL INFORMATION MAY BE REQUIRED OF ME BEFORE A PERMIT IS ISSUED AND WILL PROVIDE THE NECESSARY INFORMATION BEFORE SUCH PERMIT WILL BE ISSUED. FALSIFICATION OF ANY INFORMATION WILL RESULT IN THE IMMEDIATE DENIAL OR REVOCATION OF SAID PERMIT.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAWS REGULATION CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Owner or Contractor _____ Date: _____

P & Z Use Only:

Application Received: _____ Received by: _____

Application Reviewed for Compliance: _____ Reviewed by: _____

Flood Zone Checked: _____ Flood Zone: _____ Checked by: _____

Owner Notified if in SFHA: _____ Notified by: _____

Application Approved: _____ Signature of Building Official: _____

Application Denied: _____ Signature of Building Official: _____

Reasons for Denial: _____

Notification sent to applicant: _____ Sent by: _____