Certificate of Compliance Form
City of Southaven Building Department

8710 Northwest Drive
Southaven, MS 38671
TEL: (662)-393-4639
FAX: (662)-280-6534
buildingdepartment@southaven.org

GENERAL INFORMATION:

TYPE OF WORK/STRUCTURE *[PERMIT/JOB TYPE]* _____

PROJECT ADDRESS _____

SUDVISION [IF APPLICABLE] _____ LOT # [IF APPLICABLE] _____

OWNER NAME _____ DATE _____

OWNER ADDRESS _____

CONTACT PHONE # _____ CONTACT EMAIL _____

THE UNDERSIGNED HEREBY CERTIFIES UNDER PENALTY FOR PERJURY THAT:

I AM THE LEGAL OWNER OF RECORD OF THE PROPERTY DESCRIBED ABOVE AND THE PROPERTY DESCRIBED ABOVE IS MY PRINCIPAL PLACE OF RESIDENCE, OR IF THE APPLICATION IS FOR A PERMIT TO CONSTRUCT A NEW RESIDENCE; THE NEW RESIDENCE WILL BE MY PRINCIPAL PLACE OF RESIDENCE UPON COMPLETION AND…

I AM FAMILIAR WITH CONSTRUCTION CODES, CITY ORDINANCES, AND STATE LAWS APPLICABLE TO SUCH CONSTRUCTION ACTIVITY AND…

ALL WORK UNDER THE PERMIT/PERMITS ISSUED, AS A RESULT OF THIS APPLICATION, WILL BE PERFORMED BY ME.

ALL WORK MUST BE COMPLETED IN CONFORMANCE WITH CURRENT APPLICABLE CONSTRUCTION CODES AND MUST PASS INSPECTIONS BY CITY INSPECTORS, AND…

I WILL PAY A RE-INSPECTION FEE FOR ANY RE-INSPECTIONS REQUIRED AS A RESULT OF THE WORK NOT BEING READY FOR INSPECTION RO NOT BEING IN CONFORMANCE WITH THE APPLICABLE CODE WHEN INSPECTED, AND…

IF AFTER THE WORK HAS BEEN INSPECTED THE CHIEF BUILDING OFFICIAL DETERMINES THAT I DO NOT HAVE THE KNOWLEDGE AND/OR EXPERIENCE TO COMPLETE THE WORK IN CONFORMANCE WITH APPLICABLE CONSTRUCTION CODES, THE CHIEF BUILDING OFFICIAL MAY STOP THE WORK AND REQUIRE ME TO ENGAGE A MS STATE LICENSED AND BONDED CONTRACTOR TO COMPLETE THE WORK.

DATE _____ OWNER NAME [PRINT] _____

OWNER NAME [SIGNATURE] _____

***Please note, if the applicant has applied for a permit for an accessory structure of any type exceeding 240 sq. ft., then the applicant must complete an Accessory Affidavit Form [See Next Page] and submit this additional, notarized form.*