

APPLICANT NAME [SIGNATURE]

Demolition Permit Application City of Southaven Building Department

8710 Northwest Drive Southaven, MS 38671 TEL: (662)-393-4639 FAX: (662)-280-6534

buildingdepartment@southaven.org

For Office Use Only:			
	Check #		
	Credit AC		
	Cash [Y/N]		

GENERAL/CONTACT IN	FORMATION:		
APPLICANT NAME		DATE	
APPLICANT ADDRESS			
CONTACT PHONE #	CONTACT EMAI		
OWNER/OCCUPANT [IF I	DIFFERENT FROM APPLICANT]		
CONTRACTOR NAME [IF	DIFFERENT FROM APPLICANT] _		
DATE	APPLICANT NAME [PRINT]		
APPLICANT NAME [SIGN	ATURE]		
	□ RESIDENTIAL: \$375.00 **RUCTURE** Q	□ COMMERCIAL: \$750.00 UANTITY [PER STRUCTURE]:	
	APPLICATION FEE TOTAL:	S	
Chief Building Official and I completion of all required de	Fire Marshall shall be coordinated by the molition work. Debris and materials re	s from the date of permit issuance. Inspections as required by ne permit holder. The final inspection shall be made upon sulting from demolition shall be removed from the premises and tisance or unsafe conditions to the surrounding area.	
		o and proper disconnection of any utilities on the site. The entire tation to reduce erosion and adverse effects to storm water	
[Revised 21, December 2022]	1		
DATE	APPLICANT NAME [PRINT]		