

CONTRACTOR NAME [SIGNATURE] __

Mechanical Permit Application City of Southaven Building Department

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

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

buildingdepartment@southaven.org

GENERAL/CONTACT INFORMATION:				
CONTRACTOR NAME	DATE	LICENSE #		
CONTRACTOR/COMPANY ADDRESS				
CONTACT PHONE # CONTACT EMAIL _				
OWNER/OCCUPANT [IF DIFFERENT FROM APPLICANT]				
OWNER/OCCUPANT ADDRESS				
PROJECT INFORMATION:				
PROJECT ADDRESS				
SUDVISION [IF APPLICABLE] LOT # [IF APPLICABLE]				
WORK DESCRIPTION				
I. RESIDENTIAL New or Replacement BASE FEE \$30.00 for additional \$1,000.00 or fraction thereof. VALUATION \$ TOTAL	or first \$1,000.00 plus \$4.0	·		
II. COMMERCIAL/INDUSTRIAL New or Replacement BASE additional \$1,000.00 or from	E FEE \$40.00 for first \$1,0 action thereof.	00.00 plus \$4.00	for each	
VALUATION \$ TOTAL	PERMIT FEE \$			
III. OTHER i. BOILERS ii. REFRIGERATION iii. VENT HOODS iv. DUCT WORK [ONLY] v. HOT WATER HEATER] vi. MISCELLANEOUS] vii. GAS PIPING [\$40.00]		 	\$FEE	
5.2.2.2.2.6 [4 (0.00]				
DATE CONTRACTOR NAME [PRINT]				