

CITY OF WIGGINS
BUILDING PERMIT APPLICATION
LAND CODE DEVELOPMENT OFFICE
117 FIRST N STREET
WIGGINS MS 39577
PHONE (601) 928-7221 OR FAX (601) 928-5460

BUILDING PERMIT FEES:

| <u>TOTAL VALUATION OF CONSTRUCTION</u> | <u>FEE</u> |
|--|---|
| • \$ 1,000 and LESS | No fee, unless inspection required, in which case a \$15.00 for each inspection shall be charged |
| • \$1,000 to \$50,000 | \$15.00 for the first \$ 1,000 plus \$5.00 for each additional thousand or fraction thereof, to and including \$50,000 |
| • \$50,000 to \$100,000 | \$260.00 for the first \$50,000 plus \$4.00 for each additional thousand or fraction thereof, to and including \$100,000 |
| • \$100,000 to \$500,000 | \$460.00 for the first \$100,000 plus \$3.00 for each additional thousand or fraction thereof, to and including \$500,000 |
| • \$500,000 and up | \$1,660 for the first \$500,000 plus \$2.00 for each additional thousand or fraction thereof |

TO BE COMPLETE BY APPLICANT:

DATE: _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ CELL: () _____ FAX: () _____

JOB LOCATION:

PROPERTY ADDRESS: _____

SUBDIVISON: _____

BLOCK: _____

LOT: _____

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WORK CLASSIFIED:

NEW CONSTRUCTION _____

COST _____

ADDITION _____

OTHER (SPECIFY) _____

MOBILE HOME _____ LENGTH _____ WIDTH _____

TYPE CONSTRUCTION:

WOOD FRAME _____

BRICK VENEER _____

OTHER (SPECIFY) _____

OCCUPANCY:

SINGLE FAMILY _____ NUMBER BATHS _____

DUPLEX _____ NUMBER FLOORS _____

MULTI-DWELLING _____ NUMBER UNITS _____

HOTEL/MOTEL _____ NUMBER OF PARKING SPACES _____

OTHER (SPECIFY) _____ COMMERCIAL USE _____

DEMOLITION/REMODEL/RENOVATION:

I UNDERSTAND THAT IF THESE IS ASBESTOS-CONTAINING MATERIALS, I WILL ABIDE BY THE CODES OF THE MISSISSIPPI DEPARTMENT OF ENVIROMENTAL QUALITY (DEQ) TO PROPERLY REMOVE THE MATERIALS. _____

INITIAL

FOR MORE INFORMATION ON ASBESTOS REMOVAL CALL THE DEQ AT (601) 961-5164.

SIGNATURE OF APPLICANT _____

DATE _____

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THIS SECTION FOR ZONING OFFICER

ZONING INFORMATION:

R-1 R-2 R-3 C-1 C-2 C-3 I-1 I-2

USE PERMITTED _____

FEES PAID _____ DATE PAID _____ RECEIPT NUMBER _____

PLOT AREA (SQUARE FEET) _____

PLOT WIDTH (FRONT) _____ (REAR) _____ (SIDE LENGTH) _____

NUMBER OF PARKING SPACES _____ NUMBER OFF STREET _____

ADDITIONAL INFORMATION _____

FRONT YARD SETBACK _____

SIDE YARD SETBACK _____

REAR YARD SETBACK _____

PERCENT OF LOT COVERAGE _____

=====

ACTION TAKEN:

DATE _____

APPROVED BY ZONING OFFICER _____

SENT TO PLANNING COMMISSION _____

SENT TO BOARD OF ALDERMEN _____

BUILDING PERMIT ISSUED _____

VARIANCE _____

REZONE _____