

TAX PARCEL NO. _____ PERMIT NO. 2022-27 DATE: 5/12, 2022

CITY OF GLUCKSTADT
APPLICATION FOR BUILDING PERMIT

Type of Permit:

- A. Erection or Construction
- B. Repair or Alteration
- C. Excavation or Site Work

- D. Moving
- E. Demolition or Razing

Type of Structure:

- New Residential Housekeeping Buildings
- 101 Single-family house, detached
 - 102 Single-family house, attached
 - 103 Two-family building
 - 104 Three- and four-family building
 - 105 Five-or-more family building

- 324 Offices, banks, and professional
- 325 Public works and utilities
- 326 Schools and other educational
- 327 Stores and customer services
- 328 Other non-residential buildings
- 329 Structures other than buildings

- New Residential Non-housekeeping Buildings
- 213 Hotels, motels, and tourist cabins
 - 214 Other non-housekeeping shelter

- Additions, Alterations, and Conversions
- 434 Residential (except garages/carports)
 - 437 Non-residential and non-housekeeping
 - 438 Additions of garages and carports

- New Non-residential Buildings
- 318 Amusement, social, and recreational
 - 319 Churches and other religious
 - 320 Industrial
 - 321 Parking garages
 - 322 Service stations and repair garages
 - 323 Hospitals and institutional

- Demolitions and Razing of Buildings
- 645 Single family houses (attach/detach)
 - 646 Two-family buildings
 - 647 Three- and four-family buildings
 - 648 Five-or-more family buildings
 - 649 All other buildings and structures

Location:

Street Address 102 Dees Drive Ste J
 Lot No. _____ Block _____ Subdivision _____
 Square Footage of Building _____ Current Zoning C-2
 Number of Residential Units _____

Square Footage for Plan Review _____
 Cost of Construction \$ 60,000

If Commercial: MPC No. _____

Permit \$300.00
 Review \$100.00

Location in Flood Zones:

- A. Inside 100 year floodplain
 - B. Outside 100 year floodplain
- Flood Insurance Rate Map Panel Number _____
 Base Flood Elevation _____ Lowest Floor Elevation _____
- FLOOD ELEVATION CERTIFICATE REQUIRED**

\$400.00
 pd clk
 # 1880

OWNER'S NAME AND ADDRESS:
Conves Salon

CONTRACTOR'S COMPANY NAME AND ADDRESS:
JLS Const

Phone No. _____

Phone No. 601-503-6860

SUBCONTRACTOR'S COMPANY NAME AND SIGNATURE:

PHONE NO.

- Electrical _____
- Plumbing _____
- Mechanical _____

I hereby certify that I am the owner, or the owner's agent for the purpose of applying for this permit, and the information set forth above is true and correct and the same may be utilized for all purposes, including tax assessment and levy. I understand that the building permit issued pursuant to this application is valid for six months after date of issuance.

Signature - Owner, Contractor, or Agent

Lee Sahlen

Printed or typed name of person signing

APPROVAL OF PERMIT

[Signature]

5/12/22

Date