

TAX PARCEL NO. _____ PERMIT NO. 2022-58 DATE: _____, 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 147 KEHLE RD. MADISON, MS.
 Lot No. _____ Block _____ Subdivision _____
 Square Footage of Building _____ Current Zoning _____
 Number of Residential Units _____
 Square Footage for Plan Review _____
 Cost of Construction \$ _____
 If Commercial: MPC No. _____

Permit \$8500

*Permit \$8500
paid cash*

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

OWNER'S NAME AND ADDRESS:

MIKE HOWARD
147 KEHLE RD.

CONTRACTOR'S COMPANY NAME AND ADDRESS:

Phone No. 601-209-8042

Phone No. _____

SUBCONTRACTOR'S COMPANY NAME AND SIGNATURE:

Electrical _____
 Plumbing _____
 Mechanical _____

PHONE NO.

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.

Mike Howard
Signature - Owner, Contractor or Agent

MIKE HOWARD
Printed or typed name of person signing

APPROVAL OF PERMIT

JULY 12,

