

LAND CLEARING PERMIT APPLICATION

CITY OF LAUREL

P. O. BOX 647

LAUREL, MS 39441

(601) 428-06438 OR FAX(601) 426-0043

DATE: _____

Name of Project (May use owner's name): _____

Property Address: _____

Phone () _____ (1-800) _____ Fax: () _____ Cell () _____

City: _____ State: _____ Zip: _____

If mailing address differs from above, please complete the following:

Property Owner's Name (and/or Company): _____

Mailing Address: _____

Phone () _____ (1-800) _____ Fax: () _____ Cell () _____

City: _____ State: _____ Zip: _____

email address _____

SCOPE OF WORK _____

PERMIT FEE \$25

CONTRACTOR INFORMATION:

Name: _____

Address: _____ Phone: _____

email address _____

**I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT
AND KNOW THE SAME TO BE TRUE AND CORRECT.**

DATE: _____

APPROVED BY: _____

DATE APPROVED: _____ PERMIT NO. _____