

**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 (     ) \_\_\_\_\_ 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 (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address \_\_\_\_\_

**SCOPE OF WORK** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMIT FEE \$100.00**

**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. \_\_\_\_\_