



**CITY OF LAUREL
INSPECTION DEPARTMENT
401 N 5TH AVE LAUREL MS 39440
(601) 428-6438**

LAND CLEARING PERMIT APPLICATION

Date: _____

PERMIT FEE: \$100.00

Contractor Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Email Address: _____

Owner Contact Information:

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Email Address: _____

Project Address: _____

SCOPE OF WORK: _____

PERMIT IS VALID FOR 6 MONTHS FROM DATE OF ISSUANCE.

BY MY SIGNATURE, I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. I FURTHER AGREE THAT ALL WORK WILL COMPLY WITH CITY STANDARDS AND ORDINANCES IN ACCORDANCE WITH THE GOVERNING JURISDICTION OF THE CITY OF LAUREL.

SIGNATURE: _____ DATE: _____

For Office Use Only

Permit #: _____

License #: _____

Tax Parcel #: _____

Approved by: _____ Date: _____

Notes: _____

Zoning

___ R-1

___ R-2

___ R-3

___ R-4

___ C-1

___ C-2

___ C-3

___ C-4

Overlay

___ Downtown

___ Sawmill

___ Leontyne

___ Tri-Park

___ Central Bus. Dist.

Historic

___ Yes

___ No