



Subcontractors Permit Application
City of Biloxi, Planning Division
Mailing Address: P.O. Box 508, Blvd., Biloxi, MS
39530
Office Location: 676 Dr. MLK Blvd.,
Building (228) 435-6270 Fax (228) 435-6188

Permit/Application Number: _____

Project Address: _____

Project/Owner Name: _____

Contractors/Applicant's Information

Name: _____

City License# _____ *Phone #* _____

PERMIT TYPE:

- Mechanical* *Electrical* *Plumbing/Gas*
- Fire Sprinkler* *Fire Alarm* *Hood System*
- Irrigation System*
- Fire Suppression System* *Hood Suppression System*

Fully Describe Work Proposed: _____

Project Cost: _____ *Check#* _____

I HEREBY MAKE APPLICATION FOR PERMIT TO PERFORM WORK AS DESCRIBED HEREIN AND IF PERMIT IS GRANTED, I AGREE TO CONFORM TO ALL REGULATIONS AND ORDINANCES OF THE CITY OF BILOXI PERTAINING HERETO AND IN ACCORDANCE WITH THE PLANS SUBMITTED. I ACKNOWLEDGE THAT THIS PERMIT WILL EXPIRE SIX (6) MONTHS FROM THE DATE OF APPROVAL.

Applicant' Signature: _____ *Today's Date:* _____