

# COMMERCIAL BUILDING PERMIT APPLICATION

Telephone: (731) 425-8262

CITY OF JACKSON

Fax: (731) 425-8228

BUILDING AND HOUSING CODES DEPARTMENT

## CONTRACTOR INFORMATION

If you are the owner and are contracting the work yourself check this box:

If you are a contractor with a Contractor account number already assigned, please fill out the following:

ENTER YOUR JBHCD ACCOUNT NUMBER HERE

COMPANY NAME

**BUSINESS LICENSE**  
IF YOU ARE UNSURE AS TO WHETHER YOU NEED A BUSINESS LICENSE, PLEASE CALL (731) 425-8211 OR (731) 425-8214 FOR CLARIFICATION.

If you do not have a JHCD account number and wish to establish one, please complete the following:

CONTRACTOR NAME (Individuals Name, Owner, Contact Person, Etc.)

CONTRACTOR COMPANY NAME

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER INCLUDING AREA CODE

STATE LICENSE NUMBER

CLASSIFICATION AND LIMITS

## PROJECT INFORMATION

PROPERTY ADDRESS

WORK LOCATION (SPACE, SUITE OR APT., #, ETC)

PROJECT NAME

PLAN REVIEW NUMBER (IF APPLICABLE)

PROPOSED USE (EXAMPLE: SHOE STORE, CAFÉ, DAY CARE, ETC.)

**LOCATION**  
CHECK ONE:  CITY  COUNTY

OWNER NAME (OWNER PER DEED OR PERSON IN CHARGE OF PROPERTY)

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (INCLUDING AREA CODE)

SQUARE FOOTAGE INVOLVED IN PROJECT

TOTAL SQ. FEET IN BUILDING (Note Dep.Of Building in SBC)

DESCRIPTION OF WORK

<b>CLASS OF WORK</b> <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE	<b>METHOD OF PAYMENT</b> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK NUMBER _____ <input type="checkbox"/> BANK DRAFT <b>VALUATION OF PROJECT</b> _____
COMMENTS _____ _____ _____	SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATION OR AIR CONDITIONING, SPRINKER AND ALARM SYSTEMS AND/OR SIGNS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THE TYPE WILL BE COMPLETED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. IF BANK DRAFT IS INDICATED UNDER METHOD OF PAYMENT, I DO HEREBY AUTHORIZE PAYMENT OF THIS PERMIT FEE BY A BANK DRAFT ON MY BANK ACCOUNT
THIS INFORMATION TO BE COMPLETED BY JBHCD PERSONNEL ZONE _____ RIGHT OF WAY _____ REPORT CODE _____ SETBACKS: FRONT _____ RIGHT _____ LEFT _____ REAR _____ OCCUPANCY TYPE _____ CONST TYPE _____ INT'L _____	_____ SIGNATURE _____ DATE

\*\*\*\* I HEREBY CERTIFY THAT I WILL COMPLY WITH THE TERMS AND CONDITIONS CITY'S SOLID WASTE CONTRACT WITH WASTE MANAGEMENT FOR THE HAULING AND DISPOSAL OF ALL SOLID WASTE IN CONNECTION WITH THE PROJECT. I CERTIFY THAT I WILL PROVIDE THE CITY WITH A MANIFEST FOR THE DISPOSAL OF ANY AND ALL LOADS OF RECYCLABLE MATERIALS FROM THE PROJECT THAT ARE NOT DISPOSED OF THROUGH WASTE MANAGEMENT. I CERTIFY THAT ANY SUB-CONTRACTORS USED FOR THE PROJECT WILL HAUL ONLY THE PORTION OF THE MATERIALS DIRECTLY RELATED TO THE PORTION OF THE PROJECT THEY PERSONALLY COMPLETED, AND THAT SAID SUB-CONTRACTOR MUST PROVIDE THE CITY WITH A MANIFEST OF THE CONTENTS AND TONNAGE OF ANY SUCH LOAD NOT DISPOSED OF THROUGH WASTE MANAGEMENT.