

Town of Mt. Olive

MECHANICAL PERMIT

DATE _____

This permit shall become void (1), unless the work herein authorized shall have been commenced within six months after date of issuance, or (2), if work authorized by this permit is suspended, or abandoned for a period of one year after the time work is commenced or, (3), in the event a zoning change prohibiting the use authorized hereby becomes final prior to commencement of work.

Permission is granted to: Owner _____
Address _____
Contractor _____

To: _____ Erect New _____ Repair _____ Remodel _____ Addition

Location _____

Zoning Classification _____

Type Construction _____

Legal Land Description _____

New Construction	\$ _____	Permit	\$ _____
Remodel, Repair, Addition	\$ _____	Inspection	\$ _____
Other	\$ _____		
Total	\$ _____	Total	\$ _____

I hereby certify that the above described property can be adequately served by existing sewer and water lines or that the same has been approved by the Covington County Health Department for septic tank installation.

I hereby authorize periodic inspections of the premises for code compliances (normally between 8 a.m. and 5 p.m. Monday through Friday). Further I hereby certify that the work herein authorized will conform to the ordinances and codes of the Town of Mt. Olive, Mississippi.

Made a part hereof for all practical purposes is the attached plot plan showing construction of parking areas.

TOWN OF MT. OLIVE, MISSISSIPPI

Signature of Applicant

Building Inspector

Date

Date