



**BUILDING PERMIT APPLICATION**  
**WOODVILLE PLANNING AND PRESERVATION COMMISSION**  
**WOODVILLE PRESERVATION COMMISSION**

P. O. Box 605  
Woodville. MS 39669

<http://www.woodvillems.org>

**(601) 888-3338**

**ALL FEES ARE NON-REFUNDABLE**

**NOTARIZATION REQUIRED**

Foundation Type: Slab Pier Sprinklers: Yes No Building Condition: Good Average Not applicable

Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

**BUILDING INFORMATION**

ICC Construction Type:

- Not Applicable
- Site Built
- Modular
- Manufactured

Number of Existing Meters

Number of New Meters

Electrical Meters

Gas Meters

**RESIDENTIAL BUILDING INFORMATION (Single Family and Two Family) NOT APPLICABLE**

Dwelling Area \_\_\_\_\_ ft<sup>2</sup> Garage Area \_\_\_\_\_ ft<sup>2</sup> Number of Bedrooms \_\_\_\_\_

Number of Bathrooms  
Yes \_\_\_\_\_

Central A/C and Heat?  
No \_\_\_\_\_

**MULTIFAMILY AND COMMERCIAL BUILDING INFORMATION NOT APPLICABLE**

Total Number of Residential Units \_\_\_\_\_ Efficiency Units \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ 3+ Bedrooms \_\_\_\_\_

Number of Elevators \_\_\_\_\_ Number of A/C Units \_\_\_\_\_ Number of Boilers \_\_\_\_\_ Number of Escalators \_\_\_\_\_

**OWNER INFORMATION**

SAME AS APPLICANT

Name \_\_\_\_\_ Company \_\_\_\_\_

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

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

**CONTRACTOR INFORMATION**

SAME AS APPLICANT

Name \_\_\_\_\_ Company \_\_\_\_\_

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

Address \_\_\_\_\_ Email \_\_\_\_\_ State Lic. # \_\_\_\_\_ Exp. \_\_\_\_\_

Phone \_\_\_\_\_

**ARCHITECT INFORMATION**

SAME AS APPLICANT

Name \_\_\_\_\_ Company \_\_\_\_\_

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

Address \_\_\_\_\_ Email \_\_\_\_\_ License Number \_\_\_\_\_

Phone \_\_\_\_\_

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**ENGINEER INFORMATION**

SAME AS APPLICANT

Name \_\_\_\_\_ Company \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_ License Number \_\_\_\_\_  
Phone \_\_\_\_\_

**FEES**

- Permit Fee:
- Plan review Fee:

**ACKNOWLEDGMENTS**

I certify that the above information is true and correct to the best of my knowledge. I understand that the Town of Woodville is authorized to suspend or revoke a permit or license issued under the provisions of its Zoning Ordinance and its Historic Preservation Ordinance wherever a permit or license is issued in error or on the basis of incorrect, inaccurate or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the Zoning Ordinance or the Historic Preservation Ordinance. Fines and penalties for misrepresentation of material facts may be assessed in accordance with law. I understand that any change in the scope or cost of the work must be reported to the Department of Safety and Permits and additional permits may be required.

I certify that I have the authority of the current property owner(s) to apply for the work proposed.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed  
before me this \_\_\_\_\_  
day of \_\_\_\_\_,  
201\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
COMMISSION EXPIRES: \_\_\_\_\_