



# City of Petal Building Department

101 West Eighth Avenue

P. O. Box 564, Petal, MS 39465

Office: (601) 544-6048

Fax: (601) 705-0014

Email: [building@cityofpetal.com](mailto:building@cityofpetal.com)

## Instructions For Applying For A Permit

**NO WORK IS ALLOWED UNTIL A PERMIT IS ISSUED  
AND DISPLAYED.**

### GENERAL GUIDELINES

1. You must submit your State of Mississippi State Board of Contractor's license with your application.
2. Payment is due when you pick up your permit.
3. Professional (to scale) drawings are recommended and may possibly be required.
4. All projects should meet the minimum setback and buffer requirements as set forth by the City of Petal in the Official Zoning Ordinance. It is the contractor/owner's responsibility to verify the setbacks. The City of Petal does not enforce additional covenants on properties in subdivisions.
5. You must submit your Contractor Verification form and all subcontractors must sign the form including electrical, mechanical, plumbing, sprinkler, fire or hood. Sub-contractors for electrical, mechanical and plumbing **MUST BE LICENSED IN THE CITY OF PETAL OR OBTAIN A LICENSE IN THE CITY OF PETAL.**
6. You must submit two (2) sets of plans if new construction or significant changes are made. These must be to scale (preferably on 24x36 paper) and complete sets. A full set of plans includes, at a minimum, the following: Dimensioned Floor Plan, Exterior Elevations, Roof Plan and Electrical Plan. All plans must be to scale and drawn to Architectural Graphic Standards. House plans do not have to be drawn by a licensed professional but must be professionally drawn. Plans for non-single family residential buildings 5,000 square feet or more must be prepared by a licensed architect per state law.

If you are mailing your permit applications/plans, please mail to the following addresses:

Fed Ex or UPS: City of Petal Building Department (physical address)  
101 W. Eighth Avenue  
Petal, MS 39465

Via USPS: City of Petal Building Department  
P. O. Box 564  
Petal, MS 39465

Hal Marx  
Mayor

Melissa Martin  
City Clerk

Rocky Eaton  
City Attorney



Aldermen  
Brad Amacker  
Craig Bullock  
David Clayton  
Tony Ducker  
William King  
Clint Moore  
Steve Stringer

## CITY OF PETAL BUILDING DEPARTMENT

# BUILDING PLAN REQUIREMENTS

**Plans are required for the following projects:** New buildings, remodel of existing buildings, additions to existing buildings. Any project that requires removing, adding or moving walls or doors is considered a remodel. Other projects require a complete description of the work to be performed to be described on the permit application. For example, if windows are to be replaced, a complete description of the size and type window and the locations within the building. Bedroom windows must be minimum sizes and types. Some windows may have to be tempered glass. Failing to fully describe the scope of work to be performed may result in replacing fixtures, doors, windows, etc., and can result in costly construction delays.

**Two sets of plans are required.** Plans must be hard copy, full size to scale, meet architectural graphic standards, stapled and bound. Loose sheets will not be reviewed. One-line drawings and other plans that do not meet architectural graphic standards will not be reviewed.

**Plans for buildings 5,000 square feet or more** (other than houses), including small spaces within a building that is 5,000 square feet or more, must be prepared by a Mississippi licensed architect and stamped, signed and dated by the architect.

Some projects will require engineered plans in addition to architectural plans.

**The minimum set of plans must include:** Dimensioned floor plan, exterior elevations, roof plan, electrical plan. Some projects will require more information. Plans, other than house plans, must include sufficient enlarged plans and details to verify compliance with ADA.

All plans must include enough information to verify compliance with building codes, electrical codes, ADA codes and all other codes.



# City of Petal Building Department Application for Building Permit

101 West Eighth Avenue  
P. O. Box 564, Petal, MS 39465  
Office: (601) 544-6048 Fax: (601) 705-0014

Application is hereby made for a building permit to accomplish the work as herein described in accordance with plans and/or specifications submitted herewith. It is agreed that all corrections in plans and/or specifications necessary for compliance shall be observed and all pertinent laws and ordinances of the City of Petal regulating construction shall be complied with in the pursuit of this work whether or not specified herein.

Date: \_\_\_\_\_ Is owner applicant? y/n \_\_\_\_\_ Zoning Approval? y/n \_\_\_\_\_

### Property Information

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_ Zip: \_\_\_\_\_ Parcel No: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Parcel Type: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

### Owner Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contractor Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ License #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Architect/Engineer Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ License #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Building Information

Improvement Type: (Please Circle)

New Construction      Addition      Alteration      Repair      Demolition      Change of Use

Proposed Use: (Please Circle)

Assembly      Business      Educational      Factory      Institutional      Residential      Storage      Other

No. of Stories: \_\_\_\_\_ Building Area: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ No. of Bathrooms: \_\_\_\_\_  
(include heated & unheated)

Is this application for a detached, residential accessory building? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the accessory building greater than 120 square feet? Yes \_\_\_\_\_ No \_\_\_\_\_

Cost of Construction: \$ \_\_\_\_\_ Property Zoning: \_\_\_\_\_

Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Flood Plain Elevation**

Flood Map Number & Date: \_\_\_\_\_ Lowest Floor Elevation: \_\_\_\_\_

Flood Zone: \_\_\_\_\_ Base Flood Elevation: \_\_\_\_\_

**Certification**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable city ordinances, codes and state laws. In addition, if a permit for work described in this application is issued, I certify that the code official or the code officials authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

\_\_\_\_\_  
Signature of Applicant Phone No. Date

\_\_\_\_\_  
Responsible person in charge of work, Title Phone No. Date

\_\_\_\_\_  
Approved By Date



# City of Petal Building Department Contractor Verification

101 West Eighth Avenue  
P. O. Box 564, Petal, MS 39465  
Office: (601) 544-6048 Fax: (601) 705-0014

The below signed licensed contractors do hereby certify that they are the contractor on record on project/owner's name \_\_\_\_\_

Located at project address \_\_\_\_\_

\_\_\_\_\_

**CONTRACTOR SIGNATURE VERIFIES HE IS ACCEPTING RESPONSIBILITY FOR THE ABOVE SPECIFIED JOB**

**GENERAL CONTRACTOR'S SIGNATURE:** \_\_\_\_\_

### ELECTRICAL

**ELECTRICAL CONTRACTOR'S SIGNATURE:** \_\_\_\_\_

Please print the following information:

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

Name & Title of person signing above: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### PLUMBING

**PLUMBING CONTRACTOR'S SIGNATURE:** \_\_\_\_\_

Please print the following information:

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

Name & Title of person signing above: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**MECHANICAL**

**MECHANICAL CONTRACTOR'S SIGNATURE:** \_\_\_\_\_

Please print the following information:

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

Name & Title of person signing above: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**SPRINKLER SYSTEMS**

**SPRINKLER CONTRACTOR'S SIGNATURE:** \_\_\_\_\_

Please print the following information:

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

Name & Title of person signing above: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**HOOD SYSTEMS**

**HOOD CONTRACTOR'S SIGNATURE:** \_\_\_\_\_

Please print the following information:

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

Name & Title of person signing above: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_



# City of Petal Building Department Building Permit Acknowledgement

101 West Eighth Avenue  
P. O. Box 564, Petal, MS 39465

Office: (601) 544-6048 Fax: (601) 705-0014

Owner Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

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

I, \_\_\_\_\_, do hereby acknowledge that:  
Print Owner's/Contractor's Name (Responsible Party)

	Initial
1. I am the Contractor Owner Other/Specify:	
2. The field copy of the plans must be on site at all times.	
3. The Contractor or a representative will be on site for all inspections.	
4. ALL construction sites require the following: Construction entrance, port-o-john, on site dumpster and erosion control measures. A hard surface driveway is required for all new construction. New construction must be constructed 12" above the crown of the road.	
5. Twenty-four hour notice (MINIMUM) is required for all inspections. You must contact Mr. Bill Rodgers at (601) 467-3457 for all inspections.	
6. The Building cannot be used or occupied until all finals have been completed and a Certificate of Occupancy has been issued.	
7. No licensed Contractor will allow an un-licensed Contractor to work.	
8. When changing a contractor or sub-contractor, an affidavit from the new Contractor must be submitted prior to the change.	
9. Any changes to the approved site plan or building plans must be resubmitted to the City for approval prior to construction.	
10. I understand that if an electrical inspection reveals that repairs need to be done before electrical service can be restored, I must retain a Licensed Electrician at my own expense and a re-inspection fee may be applied.	
11. I understand that I am responsible to remove any dirt, mud, construction material or other debris deposited upon public right of way or private property as a result of construction and/or demolition. This shall be performed daily and as needed.	
12. I acknowledge that it is my responsibility to make sure all required inspections are completed by the City before covering up any work and understand that if I fail to do so, I will be required to remove any dirt, concrete, insulation, sheetrock or any other materials that may conceal construction components that will need to be inspected.	

I do hereby accept full personal responsibility for all of the above and understand that a violation of any of the above may result in fines or imprisonment of not more than 90 days per offense, construction delays and possible loss of license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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