



CITY OF COLUMBUS BUILDING DEPARTMENT BUILDING PERMIT APPLICATION

COLUMBUS, MS. _____

11/13/2013

IMPORTANT - Complete ALL items. Mark boxes where applicable.

I. LOCATION OF BUILDING	Number and street 421 - Main St	Subdivision _____	Lot _____	Block _____	Zoning _____
	N 5				
	E W side of _____; _____ feet E W from intersection of _____				
	(Other local geographic, political, or legal subdivision identification)				

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input checked="" type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width: 50%;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input checked="" type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table>	<p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input checked="" type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
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<p>B. OWNERSHIP</p> <p>8 <input checked="" type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

drop ceilings
new can-lighting

<p>C. COST</p> <p>10. Cost of improvement \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical \$ _____</p> <p>b. Plumbing \$ _____</p> <p>c. Heating, air conditioning \$ _____</p> <p>d. Other (elevator, etc.) \$ _____</p> <p>11: TOTAL COST OF IMPROVEMENT \$ 25,000</p>	<p>(Omit cents)</p> <p>Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p> <p style="font-size: 1.5em; font-style: italic;">Remodel (for office) install wall to separate reception and work areas</p>
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#19230
135.00
ok

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Individual (septic tank, etc.)</p>	<p>J. DIMENSIONS</p> <p>48. Number of stories</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions</p> <p>50. Total land area, sq. ft.</p>	<p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed</p> <p>52. Outdoors</p>
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Individual (well, cistern)</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms</p> <p>54. Number of bathrooms { Full Partial</p>	<p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p>

Applicable to new residential and new commercial bldg:
Gravity sewer _____
Grinder force main _____

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner	Ann Davis		386 3790 (c)
2. Contractor	Same 421 Main St		570
3. Architect			4125 (c)

The owner of this building and the undersigned agree to conform to all applicable laws

Signature of applicant M. Ann Davis	Address _____	Application date 11/13/13
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DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by _____	Permit fee \$ 135.00	Date permit issued 11/18/13	Permit number 34724
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