



Permit # _____

CITY OF POPLARVILLE

200 HIGHWAY 26 EAST, POPLARVILLE, MS 39470

Phone: 601-795-8161 Fax: 601-795-0141

Code Enforcement Officer: Kolby Davis ♦ 601-916-5727 ♦ kdavis@poplarvillems.gov

deputyclerk2@poplarvillems.gov ♦ cityhall@poplarvillems.gov

ACCESSORY PERMIT APPLICATION

TO BE COMPLETED BY APPLICANT:

Date: _____

Property Address: _____

Property Owner Name: _____

Mailing Address: _____

Phone: _____ Cell: _____ Email: _____

IF APPLICANT IS NOT THE OWNER, complete the following:

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Accessory being added to property: _____

Size of structure being added: _____

Setbacks from Adjoining Property:

Front: _____ Back: _____ Nearest Side: _____

Zoning District (number and description): _____ (i.e. R-1, Single Family)

The City of Poplarville is an Equal Opportunity Service Provider

I hereby agree to act under permit applied for in full accordance with all laws and accessory ordinances of the City of Poplarville, and in accordance with the attached plan and specifications.

_____ Applicant's Name (Print)	_____ Applicant's Signature	_____ Date
Permit Fee \$25.00	Date Paid: _____	Receipt #: _____
	Clerk: _____	
APPROVED BY SUPERINTENDENT _____	DATE _____	
APPROVED BY BUILDING INSPECTOR _____	DATE _____	

A copy of your deed and site plan is required to process this permit.