



Building/Zoning Department
301 Coleman Avenue
Waveland, MS 39576
(228)466-2549
(228)467-5177 FAX

CHANGE OF OCCUPANCY APPLICATION

SELECT ONE: Commercial Residential

BUSINESS NAME: _____

ADDRESS: _____

DESCRIPTION OF WORK: _____

OWNER INFORMATION:

LAST NAME: _____ FIRST _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

TENANT INFORMATION:

LAST NAME: _____ FIRST _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

I HEREBY MAKE THIS APPLICATION PERMIT TO PERFORM THE WORK AS DESCRIBED HEREIN AND IF PERMIT IS GRANTED I AGREE TO CONFORM TO ALL REGULATIONS AND ORDINANCES OF THE CITY OF WAVELAND. I UNDERSTAND THAT AN INSPECTION WILL BE PERFORMED AND IF ANY ADDITIONAL WORK IS TO BE DONE, I AGREE TO PULL ANY AND ALL NECESSARY PERMITS.

APPLICANTS SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____

****Please attach a copy of Warranty Deed or Lease Agreement and a copy Driver's License****