



SUBDIVISION CONSTRUCTION APPLICATION

City of Tupelo | Department of Development Services

Mail: P O Box 1485, Tupelo, MS 38802-1485

Phone: (662) 841-6510 Fax: (662) 841-6550

Email: permits@tupeloms.gov

MUNIS _____

Received By: _____

Date Received: _____

(for office use only)

Permit Fee: \$250.00 (Non-refundable)

No final Subdivision Construction Permit will be issued without a Pre-Construction Conference with the Chief Building Official and City Staff. It is the responsibility of the developer to schedule with the Plan Review Coordinator.

PROJECT DESCRIPTION

PROJECT LOCATION:

(LOCATION AND/OR EXISTING PARCEL NUMBER(S): _____

PROPOSED SUBDIVISION NAME: _____

PROPOSED RESIDENTIAL CONSTRUCTION TYPE(S): _____

PROPOSED NON-RESIDENTIAL CONSTRUCTION TYPE(S): _____

ARE SUSPECT SOILS PRESENT? YES ___ NO ___ IS LOCATION IN A DESIGNATED FLOOD ZONE? YES ___ NO ___

EXISTING UTILITIES? YES ___ NO ___ POWER PROVIDER: TW&L ___ TOMBIGBEE ELECTRIC ___

WHAT LAND DEVELOPMENT IS REQUIRED?

DEMOLITION ___ TREE REMOVAL ___ CLEARING ___ CUT/FILL ___ UTILITY REPLACEMENT/REMOVAL ___

CONTACT INFORMATION

OWNER CONTACT INFORMATION:

Owner Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

APPLICANT CONTACT INFORMATION (if different from owner):

Owner Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

PLEASE SEE REVERSE SIDE

CONTACT INFORMATION CONTINUED

ENGINEER CONTACT INFORMATION:

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

GENERAL CONTRACTOR CONTACT INFORMATION:

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ CID (*office use only*) _____

GRADING CONTRACTOR CONTACT INFORMATION:

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

UTILITY CONTRACTOR CONTACT INFORMATION:

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

STORM SEWER CONTRACTOR CONTACT INFORMATION:

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

SANITARY SEWER CONTRACTOR CONTACT INFORMATION:

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

PAVING CONTRACTOR CONTACT INFORMATION:

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____



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Required Attachments *(all required attachments must be submitted BEFORE a permit can be issued):*

1. Recorded deed; if owner and applicant are not the same, current lease and owner permission _____
2. Full Construction Set (2 Hard Copies, 1 Digital) _____
3. Land Development Application (if applicable) _____
4. Tree Survey and Mitigation Plan _____
5. Security Bond _____
6. Assigned Parcels and Parcel Map from the Tax Assessor's Office _____
7. MDOH, MDOT, MDEQ, Army Corp approval and/or other State or Federal agency approval _____

I understand, as the Permit Holder, I am responsible for ensuring all work is completed in accordance with all the applicable State of Mississippi and City of Tupelo ordinances and statues. I further understand the City of Tupelo will conduct inspections to ensure completion in accordance with approved plans, ordinances, and statues, and the City of Tupelo has the right to stop any and all work should it not conform to the same. I understand that as the developer, I am responsible for scheduling all required inspections, and presenting evidence of these inspections to the office of the City Engineer. I understand that no individuals lots may be sold or developed until a Certificate of Initial Acceptance has been approved by the Tupelo City Council. I understand that no acceptance of public infrastructure or easements will be accepted without a Certificate of Completion approved by the Tupelo City Council. I hereby certify that all information contained in this application is truthful and accurate to the best of my knowledge.

Applicant Signature: _____

Date: _____