



City of Senatobia

MISSISSIPPI

131 N. Front St. Senatobia, MS 38668
P.O. Box 1020 662-563-4474 Ext 3
permitrequest@cityofsenatobiams.gov

Residential Pool Permit Application

Applicant's Name _____ Property Zone _____
Applicant's Address _____ Zone _____
Contact Person Name: _____ Phone _____
Mailing Address _____
Contractor License # _____
Contractor/Business Email Address: _____
Use Under Permit To Be: _____
Description of work: _____

I hereby agree to comply with all City, State, and Federal Laws & Regulations and the current codes adopted by the City of Senatobia. If the first inspection is not obtained within 6 months and the final inspection within 2 years this permit is void.

____ By initialing here, you acknowledge that your construction, project, renovation, etc. meets with the specifications of your Home Owner's Association and has been approved by them.

Please allow up to 2-3 business days for your permit to be processed, you will be notified by email along with a copy of your permit.

Applicants Signature _____ Date _____

OFFICE USE ONLY

Permit Fee _____ Review Fee _____ Cash _____ CC _____ Check # _____ Receipt # _____

Intake Staff Person: _____ Date: _____

Approval Signature _____ Title _____

Date _____ Permit # _____