



# Pre-Application Form

City of Hattiesburg – Planning Division

PO BOX 1898 – Hattiesburg, MS 39403-1898 | Phone (601)- 545-4599 |

[planning@hattiesburgms.com](mailto:planning@hattiesburgms.com)

**NOTE:**

- This document must be completed **IN FULL** before any review by the Pre-Application Review Committee. The committee meets every Thursday in the 1<sup>st</sup> Floor Conference Room at City Hall.
- The deadline for Plan Submission is by 5:00 pm on Monday for review that same Thursday. Meetings are scheduled in the order applications are received. A member of the planning staff will contact applicants to confirm the meeting date and time.
- A representative of the project must be present at the meeting.

## Project Information

Application Date: \_\_\_\_\_

Name of Project: \_\_\_\_\_ Parcel Number(s): \_\_\_\_\_

Municipal Address of Site: \_\_\_\_\_ PPIN #: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

This application is for: (Check One)

New Construction    Remodel    Addition    Concept Only    Other: \_\_\_\_\_

Estimated Project Cost \$: \_\_\_\_\_

## Contact Information

Representative Name & Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

Representative Email Address: \_\_\_\_\_

Representative Full Address: \_\_\_\_\_ Representative Phone Number: \_\_\_\_\_

Property Owner Name & Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

Property Owner Email Address: \_\_\_\_\_

Property Owner Full Address: \_\_\_\_\_ Property Owner Phone Number: \_\_\_\_\_

**For Staff Only:**

Zoning:	Historic District:	Flood Zone:	Ward: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Project Number:		Received:	
Time & Date Scheduled:			

