## EPMG CONTRACTOR PERMIT(s) APPLICATION TOWN OF TAYLOR

P. O. Box 6, 12 Main Street Taylor, MS 38673 (662) 236-7551

	(Che	ck ALL That App	oly)	
Work Site: Address				
Owners Name:				
Address:				
Phone:	EMAIL:			
Contractor's Name:				
Address:				
Phone:			.IL:	
Contractor 5 License Nu				
Property Type:	Commercial	Resi	dential	
Work Classification:	New Construction	_ Addition	Remodel	
Work Description(s):				
Permit(s) Fee(s):	\$100 EACH (R	tesidential)	\$200 EACH (Commercia	1)
Number of Permits:	times			
		TOTAL AMOUNT PAID: \$ Check Number		
			Check Number	
Applicant Signature:			Da <sup>-</sup>	te:
Applicant Printed Name	:			
Application Approved a	nd Fees Received by:			
			Da	te:
	Town Clerk			

SEAL