City of Diamondhead

5000 Diamondhead Circle, Diamondhead, MS 39525
Phone: (228) 222.4626
FAX: (228) 222-4390
www.diamondhead.ms.gov

CONTRACTOR'S LICENSE CHECKLIST

- Complete Application for Contractor's License in its entirety.
- Submit copy of Business Privilege License if business is located in Diamondhead.
- Submit copy of Business Privilege License if business is located in another jurisdiction i.e. city or county in Mississippi.
- Submit copy of state license issued by State of Mississippi if applying for Contractor, Residential Contractor or Residential Remodelers.
- If not licensed with the State of MS, provide proof that contractor was tested by ICC or PSI and passed the examination for your field of competency; OR
- That the contractor furnishes evidence that a license issued on the basis of a competency examination administered in one municipality or county of the State of MS which has an examining board that regularly gives a written examination which has been approved by the STATE BOARD OF PUBLIC CONTRACTORS or the BUILDING OFFICIALS ASSOCIATION OF MISSISSIPPI as per state law.
- Provide copy of MS Sales Tax Use Number
- Provide Photo ID of the qualifying party.
- Submission of a Certificate of Insurance with PUBLIC LIABILITY INSURANCE with $100,000 single occurrence and $300,000 aggregate with completed operation coverage. The Certificate of Insurance shall identify the City of Diamondhead as the certificate holder using the following information: City of Diamondhead, Building Department, 5000 Diamondhead Circle, Diamondhead, MS 39525.
- Provide 3 letters of reference addressed to the Building Official of the City of Diamondhead. The letters may be from businesses you have performed work for or from homeowners. The letters must include the name, title or position, addresses and phone numbers of the persons who have personal knowledge of the applicant's character, experience, skills and abilities. Letters not written on business letterhead must be notarized. The letters are not required if the applicant holds a Certificate of Responsibility (COR) from the State Board of Public Contractors.
- Payment of appropriate contractor's licensing fee.
- OPTIONAL: Submission of a notarized letter from the qualifying party authorizing others to act on his/her behalf. This letter must specifically state such items as obtaining or renewing licenses, obtaining permits, authority to request inspections, etc.

CITY OF DIAMONDHEAD BUILDING DEPARTMENT
5300 Diamondhead Circle
Diamondhead, MS 39525
228-222-4626
Fax: 228-222-4390
www.diamondhead.ms

APPLICATION FOR CONTRACTORS

Date: _____

Business Trade Name: _____

Business Location _____
street city state zip

Business Mailing Address: _____

Business Telephone Number: _____

Business Email Address: _____

State Sales Tax Number: _____

Federal EIN _____

Copy of State License or proof of Examination by approved agency: _____

ABOUT THE OWNER

Owner/Applicant's Name: _____

Owner/Applicant's Address: _____
(No P.O. Boxes)

Owner/Applicant's Telephone Number: _____

Owner/Applicant's Email Address: _____

Type of Business: ( ) Corporation ( ) Partnership ( ) Sole Proprietor ( ) LLC

If your Business is a Corporation or a Partnership, list names of each partner or officer:

Name	Address	Title

If your Business is a Corporation, what is the Corporation Office Address?

_____

What sort of Business are you conducting? (Please explain in detail) _____

_____

Date Business began at this location: _____

Is this application for a new business? ( ) Yes ( ) No

Have you ever operated a business in another name? ( ) Yes ( ) No
If yes, list name of business and location:

_____ _____

THE CITY OF DIAMONDHEAD RESERVES THE RIGHT TO HAVE AN INVESTIGATION DONE ON SAID INDIVIDUAL AND/OR BUSINESS TO VERIFY INFORMATION ON THIS APPLICATION.

AFFIDAVIT

I do solemnly swear that the information given above is true and correct to the best of my knowledge. This information is subject to audit by the City of Diamondhead and any person who willfully makes any false statement on an application for a License shall be subject to revocation of License(s) issued.

_____
Applicant's Signature

_____
Date

Where living is easy
DIAMONDHEAD
MISSISSIPPI

5000 Diamondhead Circle
Diamondhead, MS 39525
Ph: 228-222-4626
FX: 228-222-4390

APPLICATION FOR PLUMBING PERMIT

Date: _____ Master Permit Number: _____

Estimated Valuation: _____ Parcel Number: _____

_____ Single Family Res. _____ Multi Family Res. _____ Commercial

Project (ex: Waffle House): _____

Use address if you don't have a project name

Address: _____

Owner Information:

Last Name: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contractor Information:

Contractor: (Contractor Business Name) _____

License #: _____ State / City (circle one) Expiration Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Description	Payment Amount	Quantity	Charge Amount
Permit Fee	$30.00	1	$30.00
Floor Drains	$5.00		
Water Heater	$5.00		
Water Closet	$5.00		
Sewer Connection	$5.00		
Refrigerator	$5.00		
Lavatory	$5.00		
Kitchen Sink	$5.00		
Dishwasher	$5.00		
Clothes Washer	$5.00		
Bathtub/Shower	$5.00		
Backflow Preventer	$5.00		
Air Conditioner Drain	$5.00		
Miscellaneous	$5.00		
	Totals		$

I hereby make application for 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 pertaining therein and in accordance with the plans submitted.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____