



CITY OF FOREST

301 SOUTH MAIN STREET
P. O. BOX 298
FOREST, MISSISSIPPI 39074

NANCY N. CHAMBERS
MAYOR

City of Forest Planning Application

Applicant is the Owner Lessee Other: _____

Applicant's Name: _____

Company Name: _____

Company Address: _____

City/State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Owner's Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Person Responsible for Property/Building Maintenance/Landscaping: _____

Address: _____ City/State _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Note: Business Plan must be in writing and attached to application.

I hereby grant permission for the City of Forest Building Department and Fire Department to enter the property described above for the purpose of a building inspection as related to all International Property Maintenance Codes and Fire Codes. I also am aware that the City of Forest will provide garbage services, provided that the garbage produced does not exceed two (2), thirty (30) gallon **APPROVED** garbage cans (with lids). If the amount(s) exceeds the allowable limit, the owners/lessee must provide an **APPROVED** dumpster that is **NOT** visible from any highway or city street.

Signature of Owner/Lessee

Date

FAYE JOHNSTON – City Clerk, Tax Collector
TELEPHONE (601) 469-2251 FAX (601) 469-3224

- ALDERMEN -

YOLANDA WHITE

LYNN ATKISON

HARRY ROBINSON

CYNTHIA SLAUGHTER MELTON

MATT ALFORD

Business Plan

**** FOR OFFICE USE ONLY****

Date Received: _____ Received : _____

Date to Appear to Planning Commission: _____

Planning Commission Approved Denied

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PLANNING COMMITTEE MEETING
REQUIREMENTS

DATE _____ PLANNING COMMITTEE FEE \$50.00 _____

NAME OF BUSINESS _____

BUSINESS TYPE _____

PERSON RESPONSIBLE FOR PROPERTY/BUILDING MAINTENANCE/LANDSCAPING
MUST BE AT THE MEETING _____

IF BUSINESS IS A RESTURANT, OWNER MUST HAVE **SAFE SERVE CERTIFICATE**
BEFORE THEY CAN BE ON THE AGENDA FOR THE PLANNING COMMITTEE MEETING.
YES _____ NO _____

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