



# City of Petal Building Department

P. O. Box 564, Petal, MS 39465  
Office: (601) 544-6048 Fax: (601) 705-0014

## Application for Appeal of Building Official's Decision

**Legal Name:**

Owner of property and/or agent:

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**Phone Number(s):**

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**Mailing Address of Owner or Agent:**

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**Property Address of Property In Question:**

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**Decision Appealing & Reason for Appeal:** \*\*\*(explain in detail)

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DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

APPLICANT

Date and time to meet with the City of Petal Planning Commission:

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

Time: \_\_\_\_\_

Please return your application to: City of Petal Building Department, P. O. Box 564, Petal, MS 39465.