

CITY OF GULFPORT
GENERAL PERMIT APPLICATION VER. 8/31/10
 PLEASE PRINT LEGIBLY

PERMIT # _____ DATE: _____

1410 24th Avenue, Gulfport, Mississippi 39501 (228) 868-5715

Please read and fill in ALL information that is requested. Failure to complete this application may result in a delay in issuing the desired permit.
 CALL BEFORE YOU DIG 1-800-227-6477

1	CONTRACTOR INFORMATION
GULFPORT LICENSE # _____	
COMPANY NAME: _____	
PHONE:() _____ FAX:() _____	
CONTRACTOR NAME: _____	
Last	First
ADDRESS: _____	
Street	
City	State Zip
EL. CONT: _____	PLG CONT: _____ HVAC CONT: _____

2	PROPERTY INFORMATION
JOB ADDRESS: _____	
TAX PARCEL NUMBER*: _____	
* IF METES AND BOUNDS, ATTACH A PHOTOCOPY (REQUIRED FOR ISSUANCE) OR DEED OR SURVEY WITH LEGAL DESCRIPTION.	
PROPERTY OWNER NAME: _____	
Last	First
PHONE:() _____ FAX:() _____	
MAILING ADDRESS: _____	
STREET	
CITY	STATE ZIP

3	WORK CLASS
1. _____ NEW CONSTRUCTION	6. _____ FENCE
2. _____ ADDITION (ATTACHED)	7. _____ DEMOLITION
3. _____ ADDITION (DETACHED)	8. _____ MOVING BUILDING
4. _____ ALTERATIONS	9. _____ OTHER
5. _____ REPAIRS	

4	STRUCTURE TYPE
<input type="checkbox"/> WOOD FRAME (V-B) <input type="checkbox"/> BRICK VENEER/WOOD FRAME (V-B) <input type="checkbox"/> WOOD FRAME - 1 PROTECTED (V-A) <input type="checkbox"/> NON-COMBUSTIBLE-EXTERIOR / COMBUSTIBLE-INTERIOR (3-B) <input type="checkbox"/> NON-COMBUSTIBLE-EXT. (2 HR) COMBUSTIBLE- INT. (1 HR) (3-A) <input type="checkbox"/> NON-COMBUSTIBLE EXT. /INT. (2-B) <input type="checkbox"/> NON-COMBUSTIBLE-EXT. (1 HR) INTERIOR (1 HR) (2-A) <input type="checkbox"/> NON-COMBUSTIBLE-EXTERIOR (2 HR) INTERIOR (2HR) (1-B) <input type="checkbox"/> NON-COMBUSTIBLE-EXT. (3HR) INT.(3HR) (1-A) <input type="checkbox"/> HEAVY TIMBER (4)	

5	OCCUPANCY TYPE
<input type="checkbox"/> SINGLE-FAMILY(R-3) <input type="checkbox"/> MIXED <input type="checkbox"/> DUPLEX (R-3) <input type="checkbox"/> MULTIPLE DWELLING (R-2) <input type="checkbox"/> HOTEL/MOTEL (R-1) <input type="checkbox"/> ASSISTED LIVING FACILITY (R-4) <input type="checkbox"/> BUSINESS (B) <input type="checkbox"/> MERCANTILE (M) <input type="checkbox"/> ASSEMBLY (A) <input type="checkbox"/> EDUCATION (E) <input type="checkbox"/> FACTORY-INDUSTRIAL (F) <input type="checkbox"/> HIGH HAZARD (H) <input type="checkbox"/> INSTITUTIONAL (I) <input type="checkbox"/> STORAGE (S) <input type="checkbox"/> UTILITY & MISC (U)	

6	FOUNDATION TYPE
<input type="checkbox"/> MONOLITHIC SLAB <input type="checkbox"/> CHAINWALL SLAB <input type="checkbox"/> PIERS <input type="checkbox"/> OTHER _____	

7	EXT. FINISH & MATERIAL
_____ _____ _____	

8	ADDITIONAL INFORMATION
_____ _____ _____ _____	

9	SQUARE FOOTAGE:	LENGTH:	WIDTH:	HEIGHT:	STORIES:	FINISHED FLOOR ELEVATION:	PROPERTY DIMENSIONS	LENGTH:	WIDTH:
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10	SPRINKLER (Y/N) _____ WATER (Y/N) _____ SEWER (Y/N) _____ ANY STRUCTURES EXISTING ON PROPERTY (Y/N) _____ TYPE OF HEAT PROVIDED: _____
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11	ENGINEER: _____ DESIGNER: _____ ARCHITECT: _____ NAME: _____ ADDRESS: _____ PHONE:() _____ STATE OF MS REG # _____ I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT, THAT I AGREE TO COMPLY WITH ALL APPLICABLE CODES, ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION, THAT I AM THE OWNER OR AUTHORIZED INDIVIDUAL TO ACT AS THE OWNER AGENT FOR THE HEREIN DESCRIBED WORK, AND THAT THE TOTAL CONTRACT OR VALUATION IS: \$ _____ DATE _____ SIGNATURE _____
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OFFICE USE ONLY	
ZONING DISTRICT: _____ AEAZD: _____ WARD: _____ SPECIAL FLOOD HAZARD AREA: _____ FIRE DISTRICT (Y/N) _____	
PROPOSED USE: _____ REPORT CODE: _____	
APPROVAL DATE: _____ APPROVED BY PLANNING: _____	
APPROVAL DATE: _____ APPROVED BY BUILDING: _____	
APPROVAL DATE: _____ APPROVED BY CODE ENFORCEMENT: _____	
STAFF APPROVAL OF THIS APPLICATION EXPIRES AFTER 45 DAYS IF A PERMIT IS NOT ISSUED	