

**CITY OF GULFPORT  
CONSTRUCTION BOARD OF APPEALS  
1410 24<sup>TH</sup> AVE.  
GULFPORT, MS 39501**

**PHONE NUMBER**  
**(228) 868-5790**

**FAX NUMBER**  
**(228) 868-5716**

**CONSTRUCTION BOARD OF APPEALS APPLICATION**

1. Name of applicant: \_\_\_\_\_

2. Status of applicant (owner, engineer, contractor, etc.): \_\_\_\_\_

3. Date of Construction Board of Appeals application: \_\_\_\_\_

4. Job address related to request: \_\_\_\_\_

5. Date of building permit (if issued): \_\_\_\_\_

6. "Specific Variance" from the Code, list code section(s):  
\_\_\_\_\_

7. State the reason(s) for the variance request from the above noted Code section(s):  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional pages if necessary)*

8. If this is not a "Specific Variance" request and if the building department has refused to grant an application for a building permit or if the building department has made any other decisions pursuant to or related to the adopted International Code Council, model codes, state the reason for such as an interpretation, equivalency, appeal decision or other reason:  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional pages if necessary)*

9. Applicant's signature: \_\_\_\_\_

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

**Fee Schedule for case review (applicable fee required with application)**

Variance .....	\$100
Appeal Decision.....	\$50
Equivalency .....	\$50
Interpretation.....	\$50
Other.....	\$50