

**CITY OF GULFPORT  
GENERAL PERMIT APPLICATION** VER. 10/22/10  
PLEASE PRINT LEGIBLY

PERMIT # \_\_\_\_\_ DATE: \_\_\_\_\_

1410 24<sup>th</sup> 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\*\*\*

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

<b>2</b>	<b>PROPERTY INFORMATION</b>
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	

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

<b>4</b>	<b>STRUCTURE TYPE</b>
_____	WOOD FRAME (V-B)
_____	BRICK VENEER/WOOD FRAME (V-B)
_____	WOOD FRAME – 1 PROTECTED (V-A)
_____	NON-COMBUSTIBLE-EXTERIOR / COMBUSTIBLE-INTERIOR (3-B)
_____	NON-COMBUSTIBLE-EXT. (2 HR) COMBUSTIBLE- INT. (1 HR) (3-A)
_____	NON-COMBUSTIBLE EXT. /INT. (2-B)
_____	NON-COMBUSTIBLE-EXT. (1 HR) INTERIOR (1 HR) (2-A)
_____	NON-COMBUSTIBLE-EXTERIOR (2 HR) INTERIOR (2HR) (1-B)
_____	NON-COMBUSTIBLE-EXT. (3HR) INT.(3HR) (1-A)
_____	HEAVY TIMBER (4)

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

<b>6</b>	<b>FOUNDATION TYPE</b>
_____	MONOLITHIC SLAB
_____	CHAINWALL SLAB
_____	PIERS
_____	OTHER _____

<b>7</b>	<b>EXT. FINISH &amp; MATERIAL</b>
_____	
_____	

<b>8</b>	<b>WORK DESCRIPTION</b>
_____	
_____	
_____	
Staff Use Only	
_____	

<b>9</b>	SQUARE FOOTAGE:	LENGTH:	WIDTH:	HEIGHT:	STORIES:	FINISHED FLOOR ELEVATION:	LENGTH:	WIDTH:
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<b>10</b>	SPRINKLER (Y/N) _____ WATER (Y/N) _____ SEWER (Y/N) _____ ANY STRUCTURES EXISTING ON PROPERTY (Y/N) _____
	TYPE OF HEAT PROVIDED: _____

<b>11</b>	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 _____

<b>OFFICE USE ONLY</b>	
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***	