

**CITY OF GULFPORT**  
**GENERAL PERMIT APPLICATION** VER. 2016A  
 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\*\*\*

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

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

4	<u>STRUCTURE TYPE</u>
____ 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)	

5	<u>OCCUPANCY TYPE</u>
____ 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)	

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

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

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

BUILDING DIMENSIONS				PROPERTY DIMENSIONS				
9	SQUARE FOOTAGE:	LENGTH:	WIDTH:	HEIGHT:	STORIES:	FINISHED FLOOR ELEVATION:	LENGTH:	WIDTH:

10	SPRINKLER (Y/N) _____ WATER (Y/N) _____ SEWER (Y/N) _____ ANY STRUCTURES EXISTING ON PROPERTY (Y/N) _____
TYPE OF HEAT PROVIDED: _____	

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 _____	

OFFICE USE ONLY	
ZONING DISTRICT: _____ AEAZD: _____ WARD: _____ SPECIAL FLOOD HAZARD AREA: _____ FIRE DISTRICT (Y/N) _____	REPORT CODE: _____
PROPOSED USE: _____	APPROVED BY PLANNING: _____
APPROVAL DATE: _____	APPROVED BY BUILDING: _____
APPROVAL DATE: _____	APPROVED BY CODE ENFORCEMENT: _____
***STAFF APPROVAL OF THIS APPLICATION EXPIRES AFTER 180 DAYS IF A PERMIT IS NOT ISSUED***	