CITY OF GULFPORT
GENERAL PERMIT APPLICATION VER. 3/1/2021

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:(_____)_____

EMAIL:_____

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 OR DEED OR SURVEY WITH LEGAL DESCRIPTION. (REQUIRED FOR ISSUANCE)

PROPERTY OWNER NAME:_____
Last First

PHONE:(_____)_____ FAX:(_____)_____

MAILING ADDRESS:_____
STREET

_____
CITY STATE ZIP

3 WORK CLASS

1._____NEW CONSTRUCTION
2._____ADDITION (ATTACHED)
3._____ADDITION (DETACHED)
4._____ALTERATIONS
5._____REPAIRS
6._____FENCE
7._____DEMOLITION
8._____MOVING BUILDING
9._____OTHER

4 STRUCTURE TYPE

___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 OCCUPANCY TYPE

____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 FOUNDATION TYPE

____ MONOLITHIC SLAB
____ CHAINWALL SLAB
____ PIERS
____ OTHER_____

7 EXT. FINISH & MATERIAL

_____

_____

8 WORK DESCRIPTION

_____

_____

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 TREE AFFIDAVIT

Will you be removing any trees? Yes_____No_____ If yes, are any of these *protected trees? Yes_____ No_____

If yes are they inside or outside of the footprint of the structure? (Circle) Inside Outside

If outside a tree permit will be required.

Owner-occupied residential dwellings on sites under one(1) acre are exempt from tree permits.

***Protected Trees:** Live Oak, Willow Oak, Swamp Chestnut Oak, Overcup Oak, Nuttall Oak, Southern Magnolia, Sweet Bay, Sweetgum, Red Maple, American Holly and Bald Cypress*

12

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 _____ OWNER _____

OR

DATE_____ CONTRACTOR_____

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 180 DAYS IF A PERMIT IS NOT ISSUED*****