

BUILDING PERMIT APPLICATION

HARRISON COUNTY CODE ADMINISTRATION

15309 COMMUNITY ROAD

GULFPORT, MS 39503

PH (228) 832-1622

PERMIT # _____

(FOR OFFICE USE ONLY)

APPLICATION IS HEREBY MADE FOR A BUILDING PERMIT TO ACCOMPLISH THE WORK AS HEREIN DESCRIBED IN ACCORDANCE WITH DUPLICATE PLANS AND/OR SPECIFICATIONS SUBMITTED HERewith. IT IS AGREED THAT ALL CORRECTIONS IN PLANS AND/OR SPECIFICATIONS NECESSARY FOR COMPLIANCE SHALL BE OBSERVED ALL REQUIREMENTS OF THE BUILDING CODE. THE ZONING ORDINANCE AND ALL OTHER PERTINENT LAWS AND ORDINANCES REGULATING CONSTRUCTION SHALL BE COMPLIED WITH IN THE PURSUIT OF THIS WORK WHETHER OR NOT SPECIFIED HEREIN.

APPLICANT/CONTRACTOR INFORMATION

NAME: _____

PHONE #: (____) _____

ADDRESS: _____

EMAIL: _____

CITY: _____

CONTRACTOR STATE LICENSE #: _____

STATE & ZIP: _____

PROPERTY OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)

NAME: _____

PHONE #: (____) _____

ADDRESS: _____

EMAIL: _____

CITY: _____

STATE & ZIP: _____

ADDRESS/LOCATION OF CONSTRUCTION: _____

PARCEL # _____ LEGAL DESCRIPTION: _____

LOT # _____, BLOCK _____, SUBDIVISION _____, PHASE # _____

<u>WORK CLASSIFICATION</u>	<u>SIZE, ETC</u>	<u>TYPE CONSTRUCTION</u>	<u>OCCUPANCY</u>
___ NEW CONSTRUCTION	___ # OF STORIES	___ WOOD FRAME	___ SINGLE FAMILY
___ ADDITION	___ MAX WIDTH	___ CONCRETE BLOCK	___ DUPLEX/APT
___ ALTERATIONS	___ MAX LENGTH	___ BRICK VENEER/WOOD FRAME	___ STORAGE BUILDING
___ STRUCTURAL REPAIRS (____%)	___ MAX HEIGHT	___ OTHER (SPECIFY) _____	___ GARAGE
___ MOVING	___ HEATED AREA	_____	___ CARPORT
___ RELOCATION	___ STORAGE AREA	_____	___ COMMERCIAL
___ SWIMMING POOL	___ TOTAL AREA UNDER ROOF (INCLUDING LIVING, STORAGE, GARAGE, ETC)	_____	___ OTHER (SPECIFY) _____
___ OTHER (SPECIFY) _____	_____	_____	_____
_____	___ # BATHROOMS ___ # BEDROOMS	_____	_____

SETBACKS: _____ PLOT AREA IN SQ FEET _____ FRONT SETBACK _____ REAR SETBACK _____ SIDE SETBACK _____ SIDE SETBACK

SUB-CONTRACTORS (IF AVAILABLE)
ELECTRICAL _____
PLUMBING _____
MECHANICAL _____
OTHER _____

PLANS DRAWN BY
___ ARCHITECT ___ ENGINEER ___ DESIGNER
NAME: _____
ADDRESS: _____
PHONE: _____

FLOOD INFORMATION
_____ FLOOD ZONE
_____ REQUIRED BASE FLOOD ELEVATION
_____ AVERAGE GROUND ELEVATION
_____ MAP NUMBER
_____ MAP DATE
_____ INDEX DATE

TYPE SEWAGE (MUST SELECT ONE)
___ HEALTH DEPARTMENT APPROVAL FORM 335 ___ HEALTH DEPARTMENT APPROVAL 910 ___ UTILITY COMPANY (WILL SERVE LETTER) ___ EXISTING SYSTEM

ADDITIONAL INFORMATION

**I HEREBY CERTIFY: THAT I HAVE READ THIS APPLICATION AND THAT 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 OWNER OR AUTHORIZED TO ACT AS THE OWNER'S AGENT FOR THE HEREIN DESCRIBED WORK AND THAT THE TOTAL CONTRACT OR VALUATION IS

\$ _____

NAME OF COMPANY (CONTRACTOR) _____

DATE _____

SINGATURE _____