CITY OF GULFPORT
GENERAL PERMIT APPLICATION VER. 3/2024
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   (REQUIRED FOR ISSUANCE)
   OR DEED OR SURVEY WITH LEGAL DESCRIPTION.

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

_____
_____
_____
_____

9 BUILDING DIMENSIONS

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