

BUILDING PERMIT APPLICATION

City of D'Iberville, Mississippi 39540
CONTACT: 228.392.9278 • FAX: 228.392.9368

APPLICATION IS HEREBY MADE FOR A BUILDING PERMIT TO ACCOMPLISH THE WORK AS HEREIN DESCRIBED IN ACCORDANCE WITH DUPLICATE PLANS AND 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 AND DEVELOPMENT SHALL BE COMPLIED WITH IN THE PURSUIT OF THIS WORK, WHETHER OR NOT SPECIFIED HEREIN.

APPLICANT/CONTRACTOR*

PERSON/FIRM MAKING APPLICATION: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____
ZIP CODE: _____ TELEPHONE: _____ FAX: _____ EMAIL: _____
OWNER: _____ **OCCUPANT:** _____
PROJECT LOCATION: _____ LOT NUMBER _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____
ZIP CODE: _____ TELEPHONE: _____ EMAIL: _____

*Must be licensed in accordance with State of Mississippi Statute

PROPERTY / ZONING / FLOOD PLAIN INFORMATION

TAX PARCEL ID: _____ - _____ - _____ . _____ • BLOCK: _____ • LOT: _____ • RANGE: _____
SECTION: _____ • TOWNSHIP: _____ • SUBDIVISION: _____ • WARD: _____

ZONING DISTRICT: _____ • PLOT AREA: _____ □ S.F. □ ACRES
SETBACKS: • FRONT YARD _____ L.F. • SIDE YARD: _____ L.F. • REAR YARD: _____ L.F.
OFF-STREET PARKING SPACES: _____ • OFF-STREET LOADING SPACES: _____

FLOOD ZONE: _____ • DFIRM MAP/PANEL NO.: _____ • DFIRM B.F.E.: _____ MSL
COMMUNITY B.F.E.: _____ MSL • PROPOSED F.F.E.: _____ MSL • HIGHEST ADJACENT ELEV.: _____ MSL
LOWEST ADJ ELEV.: _____ MSL • FLOODWAY: _____ • NO-RISE CERTIFICATE: _____
ENGINEER: _____ • LICENSE NO.: _____
SURVEYOR: _____ • LICENSE NO.: _____

DESCRIPTION OF WORK:

NEW CONSTRUCTION ADDITION ALTERATION STRUCTURAL REPAIR (%_____) MOVING
 RELOCATION DEMOLITION SPECIAL INSPECTION CERTIFICATE OF OCCUPANCY
 OTHER (SPECIFY) _____

NO. STORIES: _____ • NO. UNITS: _____ • MAX: WIDTH _____ LENGTH _____ • HEIGHT: (MSL) _____ (AGL) _____
AREA OF BUILDING(S): • HEATED/COOLED: _____ • UNDER ROOF: _____ • TOTAL: _____

CONSTRUCTION CATEGORY: WOOD FRAME BRICK VENEER MASONRY STEEL OTHER _____
CONSTRUCTION TYPE (ICC): I II III IV V A B
OCCUPANCY: SINGLE FAMILY DWELLING MULTI-FAMILY STORAGE GARAGE / CARPORT
 COMMERCIAL (SPECIFY) _____ OTHER SPECIFY) _____
FOUNDATION: SLAB ON GRADE PIER PILING ICUF WOOD OTHER _____
HEAT SOURCE: FUEL GAS HEATPUMP SPLIT SYSTEM OTHER (SPECIFY) _____

SUBCONTRACTORS: Electrical - Plumbing - Mechanical Contractors: Please provide the information requested on the reverse of this document.

ELECTRICAL: _____ MECHANICAL: _____
PLUMBING: _____ FIRE SPRINKLER: _____
IRRIGATION: _____ OTHER: _____

CONSTRUCTION DOCUMENTS

ARCHITECT* ENGINEER* DESIGNER NAME: _____ PRINCIPAL: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____
ZIP CODE: _____ TELEPHONE: _____ FAX: _____
EMAIL: _____ WWW: _____ LICENSE NO.: _____

DOCUMENTS ATTACHED: SITEPLAN FOUNDATION FLOOR PLAN ELECTRICAL MECHANICAL PLUMBING
 FIRE SPRINKLER IRRIGATION LANDSCAPING STRUCTURAL SPECIFICATIONS OTHER

*MUST BE LICENSED WITH THE STATE OF MISSISSIPPI

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 THE LAWS OF THE STATE OF MISSISSIPPI REGULATING CONSTRUCTION; THAT I AM THE OWNER OR AUTHORIZED TO ACT AS THE OWNER'S AGENT FOR THE HEREIN DESCRIBED WORK AND THAT THE TOTAL CONTRACT OR VALUATION FOR THE WORK TO BE PERFORMED IS:

\$ _____
CONTRACT OR VALUATION OF WORK

CONTRACTOR / OWNER NAME: _____
PLEASE PRINT LEGIBLY

DATE: _____

SIGNATURE: _____
OWNER OR AUTHORIZED AGENT OF THE CONTRACTOR

ELECTRICAL

Description	# Units	Description	# Units
Air Conditioning per Ton	_____	Oven	_____
Range	_____	Attic Fan	_____
Service Amps	_____	Bathroom Heater	_____
Special Circuits	_____	Branch Circuit	_____
Temporary Pole	_____	Commercial Fryer	_____
Washing Machine	_____	Dishwasher	_____
Water Heater	_____	Dryer	_____
Window Air Conditioning Unit	_____	Branch Feeder	_____
Special Inspection	_____	Service KW	_____

PLUMBING

Description	# Units	Description	# Units
Toilet	_____	Clothes Washer	_____
Bathtub	_____	Bidet	_____
Lavatory	_____	Septic Tank	_____
Shower	_____	Water Line	_____
Kitchen Sink / Disposal	_____	Sewer Line	_____
Dishwasher	_____	City Master Meter	_____
Laundry Tray	_____	Backflow Preventer	_____
Floor - A/C Drain	_____	Special Inspection	_____
Clothes Dryer	_____	Gas Line	_____
Water Heater	_____	MISC - Permit Fee	_____
Urinal	_____	Shop Sink	_____
Drinking Fountain	_____		

MECHANICAL

Valuation	\$ _____
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IRRIGATION

Description	# Units
Irrigation System (per head)	_____

FIRE SPRINKLER

Description	# Units
Fire Sprinkler System (per head)	_____