

BUILDING DEPARTMENT PERMIT APPLICATION

City of D'Iberville, Mississippi 39540
CONTACT: 228.392.7966 • FAX: 228.392.8527

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: _____ LICENSE: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____
ZIP CODE: _____ TELEPHONE: _____ FAX: _____ EMAIL: _____
OWNER: _____ **OCCUPANT:** _____
PROJECT LOCATION: _____ LOT NUMBER _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____
ZIP CODE: _____ TELEPHONE: _____ FAX: _____ 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: _____ □ SQ FT. □ 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 D.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 (% _____) RENOVATION
 CERTIFICATE OF OCCUPANCY DEMOLITION HOUSE MOVING LAND DEVELOPMENT SPECIAL INSPECTION
 OTHER (SPECIFY) _____
NO. STORIES: _____ • NO. UNITS: _____ • MAX: WIDTH _____ LENGTH _____ • HEIGHT: (MSL) _____ (AGL) _____
AREA OF BUILDING(S): • UNDER ROOF: _____ • HEAT/COOL: _____ ACCY: _____ • TOTAL: _____

CONSTRUCTION CATEGORY: WOOD FRAME BRICK VENEER MASONRY STEEL OTHER _____
CONSTRUCTION TYPE (ICC): I II III IV V A (PROTECTED) B (UNPROTECTED)
OCCUPANCY: ONE & TWO 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: Please provide the information requested on the reverse of this document. Specialty contractors must be licensed in accordance with City of D'Iberville ordinance and State statute.

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

CONSTRUCTION DOCUMENTS

ARCHITECT* ENGINEER* DESIGNER NAME: _____ PRINCIPAL: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____
ZIP CODE: _____ TELEPHONE: _____ FAX: _____ LICENSE: _____
EMAIL: _____ WWW: _____
DOCUMENTS ATTACHED: SITEPLAN FOUNDATION FLOOR PLAN ELECTRICAL MECHANICAL PLUMBING
 FIRE SPRINKLER IRRIGATION LANDSCAPING STRUCTURAL SPECIFICATIONS OTHER

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 I AM 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:

\$ _____ CONTRACTOR / OWNER NAME: _____
CONTRACT/VALUATION OF WORK PROPOSED PLEASE PRINT LEGIBLY

DATE: _____ SIGNATURE: _____
OWNER OR AUTHORIZED AGENT OF THE CONTRACTOR

ELECTRICAL			
Description	# Units	Description	# Units
Temporary Pole / Power	_____	Compactor	_____
Entrance Service # Amps	_____	Vacuum Pump	_____
Bathroom Heaters – Any type	_____	Freezer / Ice Maker	_____
Exhaust Fans – Any type	_____	Branch Circuit	_____
Water heater	_____	Feeder circuit	60 Amp
Dishwasher	_____		70-100 Amp
Clothes Dryer	_____		125-200 Amp
Clothes Washer	_____	Distribution / Subpanel	60 Amp
Refrigerator	_____		125-200 Amp
Oven - Residential	_____		225-400 Amp
Range	_____	Special Circuits Specify_____)	
Cook top	_____	Air Conditioning per Ton	_____
Disposal	_____	Auxiliary Heating per Kilowatt	_____
PLUMBING		GAS	
Description	# Units	Description	# Units
Water Closet / Bidet	_____	Automatic Controls	_____
Bathtub	_____	Bake Oven	_____
Lavatory	_____	Cooking Range	_____
Shower	_____	Grilles / Cook tops – Any type	_____
Kitchen Sink	_____	Dryer	_____
Dishwasher	_____	Central Heating	_____
Laundry Tray	_____	Conversion Burner	_____
Floor Drain - A/C Trap	_____	Floor Furnace	_____
Clothes Washer	_____	Space unit / heater	_____
Water Heater	_____	Wall furnace	_____
Urinal	_____	Wall heater	_____
Drinking Fountains	_____	Water heater	_____
Shop Sink	_____	Boilers	_____
Grease trap Must be licensed with HCWMD	_____	Incinerators	_____
Septic Tank / Seepage Pit	_____	Gas Outlets	_____
Water Line installation	_____		_____
Sewer Line installation	_____		_____
Backflow Preventer Registration/ Annual Reinspection	_____		_____
MECHANICAL/HVAC			
Description	Value		
Contract Valuation	\$ _____		
FIRE SPRINKLER		IRRIGATION	
Description	# Units	Description	# Units
Fire Sprinkler System (per head)	_____	Irrigation System (per head)	_____