

BUILDING DEPARTMENT PERMIT APPLICATION

City of D'Iberville, Mississippi 39540

OFFICE: 228.392.7966 EMAIL: BUILDING@DIBERVILLE.MS.US FAX: 228.392.9723

APPLICATION IS HEREBY MADE FOR A 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: _____ MS LICENSE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ TELEPHONE: _____ FAX: _____ EMAIL: _____

OWNER: _____ OCCUPANT: _____

PROJECT LOCATION: _____ LOT: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ TELEPHONE: _____ EMAIL: _____

*Applicant hereby declares that they are licensed in accordance with State of Mississippi statute and/or City of D'Iberville Ordinance.

PROPERTY / ZONING / FLOODPLAIN MANAGEMENT

TAX PARCEL ID: _____ - _____ - _____. _____ BLOCK: _____ LOT: _____ RANGE: _____

SECTION: _____ TOWNSHIP: _____ SUBDIVISION: _____ WARD: _____

ZONING DISTRICT: _____ PLOT AREA: _____ SQUARE FEET ACRES

SETBACKS: FRONT YARD _____ LF SIDE YARD: _____ LF REAR YARD: _____ LF

OFF-STREET PARKING SPACES: REQ'D _____ PROPOSED _____ LOADING REQ'D _____ PROPOSED _____

FLOOD ZONE: _____ DFIRM PANEL: _____ COMMUNITY DFE PROPOSED FFE: _____ MSL

HIGHEST ADJACENT ELEV: _____ MSL LOWEST ADJ ELEV: _____ FLOODWAY: _____ NO-RISE CERT: _____

COASTAL AE/VELOCITY: _____ V-ZONE CERT: _____

ENGINEER: _____ SURVEYOR: _____ LICENSE: _____

DESCRIPTION OF WORK:

- NEW CONSTRUCTION ADDITION ALTERATION STRUCTURAL REPAIR (% _____) RENOVATION
 SPECIAL INSPECTION/CERTIFICATE OF OCCUPANCY DEMOLITION LAND DEVELOPMENT HOUSE/MH MOVING
 HOUSE/MH PLACEMENT OTHER (BE SPECIFIC) _____

STORIES: _____ UNITS: _____ BDRMS: _____ BATHRMS: _____ MAX: WIDTH _____ LENGTH _____

HEIGHT: (MSL) _____ (AGL) _____ UNDER ROOF AREA: _____ HEAT/COOL AREA: _____ ACCY: _____

TOTAL AREA: _____

CONSTRUCTION CATEGORY: WOOD FRAME BRICK VENEER MASONRY STEEL OTHER (BE SPECIFIC) _____

CONSTRUCTION TYPE (ICC): I II III IV V A (PROTECTED) B (UNPROTECTED)

OCCUPANCY: SINGLE FAMILY DWELLING MULTI-FAMILY STORAGE GARAGE / CARPORT

COMMERCIAL (BE SPECIFIC) _____ OTHER (BE SPECIFIC) _____

FOUNDATION: SLAB ON GRADE PIER PILING ICUF WOOD OTHER (BE SPECIFIC) _____

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: (BE SPECIFIC) _____

CONSTRUCTION DOCUMENTS (REQUIRED FOR PERMITTING)

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 SWIMMING POOL STRUCTURAL SPECIFICATIONS OTHER

*MUST BE LICENSED WITH THE STATE OF MISSISSIPPI

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

Description	# Units
Water Closet / Bidet	_____
Bathtub	_____
Lavatory	_____
Shower	_____
Kitchen Sink	_____
Dishwasher	_____
Laundry Tray	_____
Floor Drain - A/C Trap	_____
Clothes Washer	_____
Water Heater	_____
Urinal	_____
Drinking Fountains	_____
Shop Sink	_____
Grease trap <small>Must be licensed with HCWMD</small>	_____
Septic Tank / Seepage Pit	_____
Water Line installation	_____
Sewer Line installation	_____
Backflow Preventer <small>Registration/ Annual Reinspection</small>	_____
Grinder pump - Injector	_____

GAS

Description	# Units
Automatic Controls	_____
Bake Oven	_____
Cooking Range	_____
Grilles / Cook tops – Any type	_____
Dryer	_____
Central Heating	_____
Conversion Burner	_____
Floor Furnace	_____
Space unit / heater	_____
Wall furnace	_____
Wall heater	_____
Water heater	_____
Boilers	_____
Incinerators	_____
Gas Outlets	_____

MECHANICAL/HVAC

Description	Value
Contract Valuation	\$ _____

FIRE SPRINKLER

Description	# Units
Fire Sprinkler System (per head)	_____

IRRIGATION

Description	# Units
Irrigation System (per head)	_____

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 A TRUE AND ACCURATE REPRESENTATION OF THE VAULE OF THIS PERMIT.

\$ _____ CONTRACTOR / OWNER NAME: _____
CONTRACT/VALUATION OF WORK (DOCUMENTATION REQUIRED) PLEASE PRINT LEGIBLY

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

