



City of Ocean Springs, Mississippi
 Building Department
 228-875-6712
 1014 Porter Avenue Post Office Box 1800
 Ocean Springs, MS 39564-1800

COMMERCIAL BUILDING PERMIT APPLICATION

Contractor's Name _____ Phone No. _____

Contractor's address: _____ Date of Birth: _____

Contractor's Cell Phone No. _____ Email _____

Business Owner _____ Phone No _____

Business Owners Current Address _____

Address of job _____

Square footage _____ Total Job Cost _____

Type of job: New Construction ___ Addition _____ Remodel _____ Interior repair ___ Exterior repair _____
 Fence ___ Deck ___ Demolition _____ Other _____

Signature of Applicant _____ Date _____

*******FOR OFFICE USE ONLY*******

Zoning & Flood Plain Information

Parcel Id _____ Use Zone _____

Front Yard Setback _____ Side Yard Setback _____ Rear Yard Setback _____

Flood Zone _____ DFIRM B.F.E. _____ Required B.F.E. _____

DFIRM Map/Panel No _____

Proposed F.F.E _____ Highest Adjacent Elev. _____ Lowest Adjacent Elev. _____

Does this project require sub-division of property? _____ Yes _____ No

Date recorded with Jackson County Land Records _____

Is job located in Historical District? ___ Yes ___ No Date approved by HPC _____ M & B _____

Variances needed? ___ Yes ___ No Date Approved by Z&A _____ M&B _____

Notes _____

Approved by _____ Date _____

Building Official

Approved by _____ Date _____

Planning Dept/Historic Committee

Approved by _____ Date _____

Public Works

Approved by _____ Date _____

City Engineer

Approved by _____ Date _____

Fire Department