



City of Ocean Springs, Mississippi
Building Department
 228-875-6712 Fax 228-872-5427
 1018 Porter Avenue Post Office Box 1800
 Ocean Springs, MS 39564-1800

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Date: _____

Contractor's Name _____ Phone No. _____

Contractor's address: _____

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 Arborist