



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 Company Name _____ Phone No. _____

Contractor's Company Address: _____

Contractor's Cell Phone No. _____ Email _____

-----Customer Information-----

Business Owner _____ Phone No _____

Name of Business _____

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*****

Parcel Id _____ Use Zone _____

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

Historical District? ____ Yes ____ No Date approved by HPC _____ 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