



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