



BLUEBERRY CAPITAL OF MISSISSIPPI

200 HIGHWAY 26 EAST, POPLARVILLE, MS 39470

Phone: 601-795-8161 Fax: 601-795-0141

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deputyclerk2@poplarvillems.gov cityhall@poplarvillems.gov

BUILDING PERMIT APPLICATION

TO BE COMPLETED BY APPLICANT: DATE _____

Property Address _____

Property Owner Name _____

Mailing address _____

Phone _____ Cell _____ Fax _____

IF A BUSINESS, attach copy of current Privilege License (REQUIRED) _____

IF APPLICANT IS NOT THE OWNER, complete the following:

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Cell: _____ Fax: _____

COPY OF DEED OR LEASE ATTACHED (REQUIRED) _____

STRUCTURE: New _____ Existing _____ Attached _____ Detached _____

Gross Sq. Ft: _____ Net Sq. Ft: _____ Number of Floors: _____

Setbacks from Adjoining Property: Front: _____ Back: _____ Nearest Side: _____

Lot Size: _____ (If 5 acres or more, a State Water Permit is required)

List the Zoning District (number and description): _____ (i.e. R-1, Single Family)

NOTE: IF A VARIANCE IS NEEDED, A ZONING APPLICATION MUST BE SUBMITTED AND APPROVED. THE FILING FEE IS \$50.00.

THREE Complete Plans Submitted and Attached: _____ Water/Sewer Tap locations MUST be indicated on plans.

Property Plat (site plan):	Yes _____	No _____
Foundation:	Yes _____	No _____
Building:	Yes _____	No _____
Electrical:	Yes _____	No _____
Gas:	Yes _____	No _____
Plumbing:	Yes _____	No _____
Mechanical:	Yes _____	No _____

New?: _____ Water Tap?: _____ * E-911 Serial #: _____

- All water taps must be made by the City of Poplarville.
- All water meters must be purchased through and installed by the City of Poplarville.
- Any building with multiple units shall be metered separately.
- Installation of wheel or ball valve cut off on water line outside of structure is required.
- Tap fees MUST be paid before building permit fee is accepted.

Type of Construction (please fully describe): Residential _____ Commercial _____ Apartments _____

Number of Apartment Buildings: _____ Units Per Building: _____

Mobile Home? _____ (Registration Number Required): _____

(Copy of Mobile Home Variance Approval MUST be attached): _____

CIRCLE ONE: New Addition Repair Remodel Roof Grading Other

Fully Describe Work To Be Done: _____

Utility Certificate of Appropriateness Required: _____

Demolition (Asbestos): If site has asbestos, YOU MUST CONTACT the Mississippi Department of Environmental Quality (DEQ): 601-961-5341

Is the work to be done ADA (Americans With Disabilities Act) compliant?: Yes _____ No _____ For ADA information, call the U. S. Department of Justice: 601/973-2842

CONTRACTOR INFORMATION:

TYPE	NAME	PHONE	Insurance?	Bond?
General:	_____	_____	_____	_____
Builder/Remodeler:	_____	_____	_____	_____
Electrical:	_____	_____	_____	_____
Plumbing & Gas:	_____	_____	_____	_____
Mechanical:	_____	_____	_____	_____
Specialty Trade:	_____	_____	_____	_____
Specify Specialty Type:	_____	_____	_____	_____

COPY OF CONTRACTOR'S LICENSE ATTACHED: _____ - **REQUIRED** If:
Residential: New residence over \$50,000 or Remodeling over \$10,000
Commercial: Public project over \$50,000 or Private project over \$100,000

IF COMMERCIAL PROJECT OVER \$10,000: MUST also provide Contractors Material Purchase Certificate (MPC) Number: _____

Clean-up Contact Person: _____ Company Name: _____

Address: _____ Phone: _____

Signature of Responsible Party for Clean-up/Disposal: _____

NOTES:

NOTE: A PENALTY WILL BE IMPOSED IF CONSTRUCTION IS STARTED BEFORE THE BUILDING PERMIT APPLICATION HAS BEEN APPROVED AND/OR BEFORE THE BUILDING PERMIT HAS BEEN OBTAINED.

We are an Equal Opportunity Service Provider

I hereby certify that I have read and examined this document and know the same to be true and correct:

Applicant's Name (Please print)

Applicant's Signature

Date

Witnessed this the _____ day of _____, 20_____

City Clerk / Deputy Clerk

APPROVED BY FIRE CHIEF _____ DATE _____

APPROVED BY SUPERINTENDENT _____ DATE _____

APPROVED BY BUILDING INSPECTOR _____ DATE _____

=====
Job Cost: _____ Square Feet:
Heated/Cooled _____ Permit Fee: _____
Non Heated/Cooled _____

Date Paid (after approval): _____ Receipt #: _____ Received By: _____

=====

INITIAL BUILDING INSPECTION: _____ DATE _____

FRAMING INSPECTION: _____ DATE _____

FINAL BUILDING INSPECTION: _____ DATE _____

CERTIFICATE OF OCCUPANCY ISSUED: _____ DATE _____