

TAX PARCEL NO. _____ PERMIT NO. 2022-19 DATE: April 12, 2022

CITY OF GLUCKSTADT
APPLICATION FOR BUILDING PERMIT

Type of Permit:

- A. Erection or Construction
- B. Repair or Alteration
- C. Excavation or Site Work
- D. Moving
- E. Demolition or Razing

Type of Structure:

- | | |
|--|---|
| <u>New Residential Housekeeping Buildings</u> | _____ 324 Offices, banks, and professional |
| _____ 101 Single-family house, detached | _____ 325 Public works and utilities |
| _____ 102 Single-family house, attached | _____ 326 Schools and other educational |
| _____ 103 Two-family building | _____ 327 Stores and customer services |
| _____ 104 Three- and four-family building | _____ 328 Other non-residential buildings |
| _____ 105 Five-or-more family building | _____ 329 Structures other than buildings |
| <u>New Residential Non-housekeeping Buildings</u> | <u>Additions, Alterations, and Conversions</u> |
| _____ 213 Hotels, motels, and tourist cabins | _____ 434 Residential (except garages/carports) |
| _____ 214 Other non-housekeeping shelter | _____ 437 Non-residential and non-housekeeping |
| | _____ 438 Additions of garages and carports |
| <u>New Non-residential Buildings</u> | <u>Demolitions and Razing of Buildings</u> |
| _____ 318 Amusement, social, and recreational | _____ 645 Single family houses (attach/detach) |
| _____ 319 Churches and other religious | _____ 646 Two-family buildings |
| <input checked="" type="checkbox"/> 320 Industrial | _____ 647 Three- and four-family buildings |
| _____ 321 Parking garages | _____ 648 Five-or-more family buildings |
| _____ 322 Service stations and repair garages | _____ 649 All other buildings and structures |
| _____ 323 Hospitals and institutional | |

Location:

Street Address 112 Lexington Drive, Gluckstadt, MS 39110
 Lot No. _____ Block _____ Subdivision _____
 Square Footage of Building 15,625 Current Zoning Commercial C-2
 Number of Residential Units _____
 Square Footage for Plan Review _____
 Cost of Construction \$ 200,000.00
 If Commercial: MPC No. N/A

Permit: \$ 760.00
 Review: \$ 100.00
\$860.00

Location in Flood Zones:

- A. Inside 100 year floodplain
 - B. Outside 100 year floodplain
- Flood Insurance Rate Map Panel Number _____
 Base Flood Elevation _____ Lowest Floor Elevation _____
FLOOD ELEVATION CERTIFICATE REQUIRED

OWNER'S NAME AND ADDRESS:

J Squared Holdings, LLC
230 Highpoint Dr
Ridgeland, MS 39157
 Phone No. _____

CONTRACTOR'S

COMPANY NAME AND ADDRESS:

Paramount Construction Group, LLC
230 Highpoint Dr.
Ridgeland, MS 39157
 Phone No. (601) 425-5454

SUBCONTRACTOR'S COMPANY NAME AND SIGNATURE:

Electrical Dampeer Lighting
 Plumbing _____
 Mechanical _____

PHONE NO.

(601) 672-3998

I hereby certify that I am the owner, or the owner's agent for the purpose of applying for this permit, and the information set forth above is true and correct and the same may be utilized for all purposes, including tax assessment and levy. I understate that the building permit issued pursuant to this application is valid for _____ months after date of issuance.

[Signature]
 Signature _____ Owner, Contractor, or Agent

Jonathan McDaniel President
 Printed or typed name of person signing

[Signature] APPROVAL OF PERMIT
4-12-22 Date

