# Application for Commercial / Industrial

# Site Plan Review

See pages 14-18, and 24 of 2019 Subdivision Regulations of Stone County, MS



### **Stone County Planning and Building Department**

601-928-2810 build@stonecountyms.gov 220 E. Cavers Avenue; Wiggins, MS 39577

### **Application for Commercial / Industrial Site Plan Review**

| Date of Application   |      |
|-----------------------|------|
| Tax Parcel Number     |      |
| Property Owner(s):    |      |
| Name(s)               |      |
| Address               |      |
| Phone(s)              |      |
| Applicant:            |      |
| Name(s)               |      |
| Address               |      |
| Phone(s)              |      |
|                       |      |
| Applicant's Signature | Date |
| Printed Name          |      |

Must include a check for \$500.00 made payable to Stone County Planning and Building Department with your application.

# Stone County Planning and Building Department

220 E. Cavers Avenue; Wiggins, MS Phone 601-928-2810 Fax: 601-928-2991 build@stonecountyms.gov

### **Procedure for Commercial / Industrial Site Plan Approval**

### Submit the following to the Planning and Building Department:

- Completed site plan application
- Application fee (A check for \$500.00 made payable to Stone County Planning and Building Department.)
- Deed for the proposed site
- Lease agreement with landowner
- Site plan as described in the Stone County Subdivision Regulations 2019

Digital copy of site plan emailed to build@stonecountyms.gov

If we are able to print and easily read your plans on 11x17 paper,
digital copy only. If the plans cannot be easily read, then supply
these paper copies:

- 2 copies of the site plan drawn to scale on 24" X 36" paper
- 1 copy of the site plan on 11" X 17" paper
- 1 copy on 8 1/2" X 11" or 8 1/2" X 14" paper
- Elevation Certificate must be included, if building in a flood zone

## The Planning and Building Department will distribute the site plans to the proper agencies for review.

- If no revisions are required, the site plan will be submitted to the Stone County Board of Supervisors for approval. (A letter of approval will be sent to the applicant from the Planning and Building Department.)
- If revisions are required, the applicant will correct the site plan and resubmit the required copies for review. (A letter of comments and required corrections will be sent from the Planning and Building Department to the applicant.)

### Site plans must be approved before a building permit can be issued.

After the site plan has been approved additional permit fees will be required for construction. See the Stone County Planning and Building Department's Procedures for Obtaining Permits and permit fee schedule.

# After a Site Plan is approved, Building Permits are required.

### **Stone County Planning and Building Department**

220 E. Cavers Avenue Wiggins, MS 39577

Phone: 601-928-2810 Fax: 601-928-2991

8:00–5:00 Monday–Friday (Closed 12-1 for lunch)

### Procedure for Obtaining Permits for Residential or Commercial Construction:

- Complete permit application
- Complete application for new E911 Address, if an address does not already exist
- Copy of preliminary approval (PERK Test) of septic system from Mississippi Department of Health. Call 1-855-220-0192 or visit their website at www.msdh.state.ms.us
   Final Approval from the MS Department of Health is also required before our final inspection.
   If you are connecting to a community sewer, we need a Letter of Intent from the provider.
- Copy of your recorded deed. If you are not the property owner, you are required to provide a lease or a letter of permission from the owner and a copy of the recorded deed.
- Tax parcel number for the property
- Two complete sets of plans (We give one back)
- Digital set of plans emailed to us at build@stonecountyms.gov
- If you are using pre-engineered trusses, we need truss drawings. We also need sizes for any beams you are using.
- Plot plan. (A descriptive drawing showing the proposed location of the dwelling in relation to the landlines. This is the same drawing you provide MS Dept of Health for your PERK test.)
- Contractor's name and contact information, if applicable.
- Site Plan is required <u>if</u> it is a commercial building <u>or</u> the parcel is in a flood zone. (A site plan shows various things such as: property lines, contour lines, flood zones, and sometimes adjoining landowners.)
- If the structure is located within a flood zone, an elevation certificate will be required.
- One-half (1/2) of your building permit fees are due when your application is submitted or you may pay the full amount. After your application has been approved, the remainder of permit fees are due. Permits must be issued before work begins. Please pay with check or money order; we do not handle cash.
- You must begin work within six months of your application or a new application is required.

Revised 06 2020

Ben Bond
Building Official

Vicky Smith Permit Clerk

### **Stone County Planning and Building Department**

220 E. Cavers Avenue; Wiggins, MS 39577 Phone 601-928-2810 ~ Fax 601-928-2991 build@stonecountyms.gov

### **Permit Application**

| Permit Type(s) (Circle)                                   | Building               | Plumbing            | Electrical        | Mechanical          | Mobile Home          |
|---|------------------------|---------------------|-------------------|---------------------|----------------------|
| Job Site Address  |                        |                     |                   |                     |                      |
| Description of work to be don                             |                        |                     |                   |                     |                      |
|   |                        | Mobile Home Reg#    |                   |                     |                      |
| Electric Company:   |                        |                     |                   |                     |                      |
| Mississippi Power   | Pearl I                | River Valley Elect  | ric               | Other               |                      |
| APPLICANT or OWNER  |                        |                     |                   |                     |                      |
| Name(s):  |                        |                     |                   |                     |                      |
| Current Address:  |                        |                     | City              | State               | Zip                  |
| *Email  |                        |                     |                   |                     |                      |
| Cell Number   |                        |                     |                   |                     |                      |
| CONTRACTOR INFORMATION                                    | <u>ON</u> (if applicat | ole)                |                   |                     |                      |
| Company   |                        |                     |                   |                     |                      |
| Name  |                        |                     |                   |                     |                      |
| Address:  |                        | City_               |                   | State               | Zip                  |
| Cell Phone  |                        | Other N             | lumber            |                     |                      |
| hereby certify that all informordinances and regulations. | nation in this ap      | oplication is corre | ect and will comp | oly with applicable | state and local laws |
| Signed \( \)  |                        |                     |                   | Date                |                      |

Note: Your numeric address must be visible on the structure to pass inspection.

### **E-911 Address Application**

### Stone County Planning and Building Department

220 E. Cavers Ave. ~ Wiggins, MS build@stonecountyms.gov Phone: 601-928-2818 ~ Fax: 601-928-2991

Before we can address your property, Form ROW-UDM-1 must be submitted to the County Road Department and your driveway approved. Place flags at your approved driveway.

| Last Name                                  | First Name                                    |                          |
|--|---|--------------------------|
| * IF DUAL OCCUPANCY LIST FULL NAME OF BO   | OTH OCCUPANTS – IF MARRIED LIST BOTH HUSBAN   | ID AND WIFE (FIRST NAME) |
| Business Name                              |   |                          |
| Current Street Address                     | City  | Zip                      |
| Phone Number                               |   |                          |
| Purpose for Address (select one)           |   |                          |
| New Residential Construction New Com       | mercial Construction Existin                  | g Residence              |
| Mobile Home RV Site Barn                   | Hunting / Fish Camp                           |                          |
| Other                                      |   |                          |
| Applicant Signature X                      | Dat   | te                       |
| Circle One: Owner Contractor Renter Other_ |   |                          |
| ADDRESS LOCATION INFORMATION               |   |                          |
| Stone County Tax Parcel Number             |   |                          |
| Address Location: Road Name                | <u> </u>                                      |                          |
| Directions to driveway                     |   |                          |
|  |   |                          |
| OFFICE USE ONLY                            |   |                          |
| Correct House Number Correct               | t Street Name                                 |                          |
| Correct City / Postal Route                | Corre   | ect Zip Code             |
| Serial Number                              |   |                          |
| Lumberton 39455 **McHenry 395              | 561 ** Perkinston 39573 ** Saucier 39574 ** 1 | Wiggins 39577            |
| DATE RECEIVED DATE ADDRE.                  | SSED APPLICAN                                 | T NOTIFIED               |