



MISSISSIPPI INSURANCE DEPARTMENT

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State Fire Marshal

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RE: Unit Construction Permit Checklist

1. Please provide a full date (e.g. 2025-10-22), the premises name and street address, along with MS Unit ID Numbers (MSxxxXXX) if existing, and Unit Designation (HOTEL 1, ESC-UP, etc.) on all documents. Fill out one application form per Unit. We do not issue invoices until payment is received. Provide a cover letter with a description or narrative of the work to be performed.
2. Please provide a complete Scope of Work for the project you are proposing. This includes a list of new and re-used items, as applicable. Where safety clearances remain the same, such as refuge space above and below a car, you may state this in words. For a simple job, you may provide a letter as the Scope of Work.
3. Please provide a sketch or plans with the following information clearly written on the drawing. Prints should be on at least 11" x 17" paper, except that 8.5" x 11" is acceptable for a small area and/or large font:
 - Date (Year-Month-Day) of document or update;
 - Full name of person who designed this Unit;
 - Name of the company who designed this Unit, on each set of drawings;
 - Name of the premises;
 - Address of the premises where the Unit is located;
 - MS ID Number and Unit Designation;
 - Applicable codes used. Version year must be specified;
 - Room location details (such as 3rd floor, room number, etc.);
 - Dimensions throughout hoistway and machine room, including refuge space, top and bottom of hoistway, electrical clearance in front of controller, disconnects, etc. Label equipment;
 - North arrow on plan views;
 - Vertical Platform Lift. Must indicate a commercial unit.

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