



BUILDING DEPARTMENT
201 Jeff Davis Avenue
PO Box 929
Long Beach, MS 39560
(228) 863-1554
Fax (228) 863-1558

APPLICATION FOR ELECTRICAL PERMIT

TODAY'S DATE: _____

BUILDING PERMIT NO: _____

HOME OWNER'S NAME: _____

JOB ADDRESS: _____

**please place a number on each line applicable

- _____ AMP SERVICE
- _____ BRANCH CIRCUITS
- _____ AMP FEEDER
- _____ KW HEAT
- _____ WINDOW AIR COND. UNITS
- _____ DISHWASHER
- _____ WELDER
- _____ VACUUM PUMP
- _____ BATHROOM SPACE HEATER
- _____ ATTIC FAN
- _____ DRYER
- _____ DISPOSAL
- _____ ELECTRIC WATER HEATER
- _____ COOK TOP
- _____ WALL OVEN
- _____ WASHING MACHINE
- _____ RANGE
- _____ REFRIGERATOR
- _____ FREEZER

- _____ COMPACTOR
- _____ COMMERCIAL FRYER
- _____ FREEZER (COMMERCIAL)
- _____ REGULAR GAS DISPENSERS
- _____ COMMERCIAL GRILL
- _____ COMMERCIAL OVEN
- _____ COMMERCIAL RANGE
- _____ COMMERCIAL WATER HEATER
- _____ COMPUTERIZED GAS DISPENSER
- _____ X-RAY EQUIPMENT
- _____ TEMP METER / POLE
- _____ CORRECT WIRING OF OCCUPANCIES
- _____ NEW SERVICE
- _____ METER SERVICE
- _____ SERVICE / NAME CHANGE
- _____ SWIMMING POOL
- _____ MOTOR INSTALLATION
- _____ OTHER
- _____ SUB PANEL
- _____ INSPECTION FEE

REMARKS: _____

I HEREBY CERTIFY THAT I UNDERSTAND THE CODES AND AMENDMENTS THERETO APPLICABLE TO THIS LOCALITY AND AGREE TO INSTALL ALL WORK ACCCORDINGLY.

CONTRACTOR/BUSINESS NAME: _____

If you are the homeowner write "owner" and sign below.

SIGNATURE: _____

PHONE NO. _____

Please provide a valid phone number, this will allow us to contact you if needed.*