



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

**APPLICATION FOR GAS PERMIT**

TODAY'S DATE: \_\_\_\_\_

Building Permit No. \_\_\_\_\_

HOME OWNER'S NAME: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

- \_\_\_\_\_ AUTOMATIC CONTROLS
- \_\_\_\_\_ BAKE OVEN
- \_\_\_\_\_ BOILERS
- \_\_\_\_\_ CENTRAL HEATING / AC
- \_\_\_\_\_ CONVERSION BURNER
- \_\_\_\_\_ COOKING RANGE
- \_\_\_\_\_ DRYER
- \_\_\_\_\_ FLOOR FURNACE
- \_\_\_\_\_ FURNACE, HOT AIR, CU FT
- \_\_\_\_\_ GAS OUTLETS
- \_\_\_\_\_ HOT PLATE
- \_\_\_\_\_ INCINERATOR
- \_\_\_\_\_ REFRIGERATOR
- \_\_\_\_\_ SPACE UNIT/HEATER
- \_\_\_\_\_ STEAM RADIATOR
- \_\_\_\_\_ WALL FURNACE

- \_\_\_\_\_ WATER HEATER
- \_\_\_\_\_ INSPECTION FEE
- \_\_\_\_\_ OTHER
- \_\_\_\_\_ SERVICE LINE

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.\*\***