



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

APPLICATION FOR HEAT AND AIR CONDITIONING

Today's Date: _____

Building Permit No. _____

Home Owner's Name: _____

Job Address: _____

I, the undersigned, make application for permit to install or repair the heating and/or air conditioning at the premises described and in accordance with the data given below.

* Please place a number on each line applicable.

_____ Heating and/or air conditioning units

_____ Drops or outlets

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.****