

CITY OF LONG BEACH, MISSISSIPPI

ELECTRICAL PERMIT APPLICATION

PHYSICAL ADDRESS:
201 JEFF DAVIS AVENUE
LONG BEACH, MS 39560

PHONE: (228) 863-1554
FAX: (228) 863-1558

MAILING ADDRESS
POST OFFICE BOX 929
LONG BEACH, MS 39560

CONTRACTOR INFORMATION

Long Beach License # _____

 Business Owner's Name _____

 Business Name _____

 Address _____ City, State, Zip _____

 Business Phone _____ Fax _____

 Email (*This office may contact you by email regarding your project)

OWNER AND/OR PROPERTY INFORMATION

Job Address _____ Tax Parcel Number _____

 Property Owner's Last Name _____ First _____

 Mailing Address _____

 City _____ State _____ Zip _____

 Phone _____

 Email (*This office may contact you by email regarding your property)

Occupancy Use	Work Type	Building Use Type
_____ Residential	_____ New Construction _____ Repair	_____ Single Family _____ Condominium
_____ Commercial	_____ Addition _____ Relocation	_____ Modular Home _____ Swimming Pool
_____ Government	_____ Renovation _____ Meter Service	_____ Duplex _____ Garage/Carport
_____ School	_____ Alterations	_____ Apartments _____ Shed
		_____ Church _____ Cell Tower

please place a number on each line applicable

- | | | |
|---------------------------------------|-------------------------------------|---|
| _____ AMP SERVICE (125, 200, etc.) | _____ VACUUM PUMP | _____ COOK TOP |
| _____ COMPACTOR | _____ COMMERCIAL WATER HEATER | _____ METER SERVICE |
| _____ BRANCH CIRCUITS | _____ BATHROOM SPACE HEATER | _____ WALL OVEN |
| _____ COMMERCIAL FRYER | _____ COMPUTERIZED GAS DISPENSER | _____ SERVICE / NAME CHANGE |
| _____ AMP FEEDER (125, 200, etc.) | _____ ATTIC FAN | _____ WASHING MACHINE |
| _____ FREEZER (COMMERCIAL) | _____ X-RAY EQUIPMENT | _____ SWIMMING POOL |
| _____ KW HEAT (1KW, 5KW, 200KW, etc.) | _____ DRYER | _____ RANGE |
| _____ REGULAR GAS DISPENSERS | _____ TEMP METER / POLE | _____ MOTOR INSTALLATION (1HP, 5HP, 30HP, etc.) |
| _____ WINDOW AIR COND. UNITS | _____ DISPOSAL | _____ REFRIGERATOR |
| _____ COMMERCIAL GRILL | _____ CORRECT WIRING OF OCCUPANCIES | _____ OTHER |
| _____ DISHWASHER | _____ ELECTRIC WATER HEATER | _____ FREEZER |
| _____ COMMERCIAL OVEN | _____ NEW SERVICE | _____ SUB PANEL (125, 200, etc.) |
| _____ WELDER | | _____ INSPECTION FEE |
| _____ COMMERCIAL RANGE | | |

REMARKS: _____

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

SIGNATURE: _____ **DATE** _____