

CITY OF LONG BEACH, MISSISSIPPI

GAS 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

_____ Tax Parcel Number
 Job Address _____

 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

- _____ AUTOMATIC CONTROLS
- _____ WATER HEATER
- _____ BAKE OVEN
- _____ INSPECTION FEE
- _____ BOILERS
- _____ OTHER
- _____ CENTRAL HEATING / AC
- _____ SERVICE LINE
- _____ 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

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** _____