

**CITY OF LONG BEACH, MISSISSIPPI
MECHANICAL / HVAC 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*

_____ 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.

SIGNATURE: _____ **DATE** _____