

**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

OWNER AND/OR PROPERTY 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) _____

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

<input type="checkbox"/> Residential	<input type="checkbox"/> New Construction	<input type="checkbox"/> Repair	<input type="checkbox"/> Single Family	<input type="checkbox"/> Condominium
<input type="checkbox"/> Commercial	<input type="checkbox"/> Addition	<input type="checkbox"/> Relocation	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Government	<input type="checkbox"/> Renovation	<input type="checkbox"/> Meter Service	<input type="checkbox"/> Duplex	<input type="checkbox"/> Garage/Carport
<input type="checkbox"/> School	<input type="checkbox"/> Alterations		<input type="checkbox"/> Apartments	<input type="checkbox"/> Shed
			<input type="checkbox"/> Church	<input type="checkbox"/> Cell Tower

please place a number on each line applicable

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