

**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

PLEASE PRINT LEGIBLY

PROPERTY INFORMATION:

JOB ADDRESS: _____ Tax Parcel # _____

Property Owner's Name: _____
First Last

Mailing Address, if different from above: _____
City State Zip

Phone: _____ Email: _____

CONTRACTOR INFORMATION

Long Beach License # _____

Owner's Name: _____ Business Name: _____

Address: _____ Phone: _____

Email: _____

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

REMARKS: _____

I hereby certify that I understand the codes and amendments thereto applicable to this locality and agree to install all work accordingly.

SIGNATURE: Alex Applesseed DATE _____