CITY OF LONG BEACH, MISSISSIPPI
ELECTRICAL PERMIT APPLICATION

PHYSICAL ADDRESS:	PHONE: (228) 863-1554	MAILING ADDRESS
201 JEFF DAVIS AVENUE	FAX: (228) 863-1558	POST OFFICE BOX 929
LONG BEACH, MS 39560		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	
_____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

__1__RECORDS MAINTENANCE FEE
____AMP SERVICE **(125, 200, etc.)**
____COMPACTOR
____BRANCH CIRCUITS
____COMMERCIAL FRYER
____AMP FEEDER (125, 200, etc.)
____FREEZER (COMMERCIAL)
____KW HEAT **(1KW, 5KW, 200KW, etc.)**
____REGULAR GAS DISPENSERS
____GENERATOR
____COMMERCIAL GRILL
____DISHWASHER
____COMMERCIAL OVEN
____WELDER

____COMMERCIAL RANGE
____SOLAR PANELS
____COMMERCIAL WATER HEATER
____BATHROOM SPACE HEATER
____COMPUTERIZED GAS DISPENSER
____ATTIC FAN
____X-RAY EQUIPMENT
____DRYER
____TEMP METER / POLE
____DISPOSAL
____CORRECT WIRING OF OCCUPANCIES
____ELECTRIC WATER HEATER
____NEW SERVICE

____COOK TOP
____METER SERVICE
____WALL OVEN
____SERVICE / NAME CHANGE
____WASHING MACHINE
____SWIMMING POOL
____RANGE
____MOTOR INSTALLATION **(1HP, 5HP, 30HP, etc.)**
____REFRIGERATOR
____OTHER
____FREEZER
____SUB PANEL **(125, 200, etc.)**
____INSPECTION FEE

REMARKS:_____

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

SIGNATURE:_____**DATE**_____