

**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

  1   Records Management 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** \_\_\_\_\_