



5000 Diamondhead Circle
Diamondhead, MS 39525
Ph: 228-222-4626
FX: 228-222-4390

APPLICATION FOR GAS PERMIT

Date: _____ **Master Permit Number:** _____

Estimated Valuation: _____ **Parcel Number:** _____

_____ Single Family Res. _____ Multi Family Res. _____ Commercial

Project (ex: Waffle House): _____

Use address if you don't have a project name

Address: _____

Owner Information:

Last Name: _____ **First:** _____ **Middle Initial:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Contractor Information:

Contractor: (Contractor Business Name) _____

License #: _____ **State / City (circle one)** _____ **Expiration Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

GAS

Residential/Commercial

Description of Work/Equipment _____

I hereby make application for permit to perform the work as described herein and if permit is granted I agree to conform to all Regulations and ordinances of the City pertaining therein and in accordance with the plans submitted.

Applicant's Name (Print): _____

Applicant's Signature: _____ **Date:** _____