



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