



**CITY OF LAUREL  
INSPECTION DEPARTMENT  
401 N 5TH AVE LAUREL MS 39440  
(601) 428-6438**

**PERMIT APPLICATION FOR ELECTRICAL TEST IF PREMISES  
VACANT FOR MORE THAN ONE YEAR.**

OWNER/TENANT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 CONTRACTOR: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

PERMIT IS VALID FOR 6 MONTHS FROM DATE OF ISSUANCE.

BY MY SIGNATURE, I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. I FURTHER AGREE THAT ALL WORK WILL COMPLY WITH CITY STANDARDS AND ORDINANCES IN ACCORDANCE WITH THE GOVERNING JURISDICTION OF THE CITY OF LAUREL.

**PERMIT FEE: \$25.00**

\_\_\_\_\_  
 AUTHORIZED SIGNEE: \_\_\_\_\_ DATE: \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_ Fee Paid: \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Permit #: \_\_\_\_\_  
 Tax Parcel #: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_

- | <b>Zoning</b>                | <b>Overlay</b>                              |
|------------------------------|---|
| <input type="checkbox"/> R-1 | <input type="checkbox"/> Downtown           |
| <input type="checkbox"/> R-2 | <input type="checkbox"/> Sawmill            |
| <input type="checkbox"/> R-3 | <input type="checkbox"/> Leontyne           |
| <input type="checkbox"/> R-4 | <input type="checkbox"/> Tri-Park           |
| <input type="checkbox"/> C-1 | <input type="checkbox"/> Central Bus. Dist. |
| <input type="checkbox"/> C-2 |   |
| <input type="checkbox"/> C-3 | <b>Historic</b>                             |
| <input type="checkbox"/> C-4 | <input type="checkbox"/> Yes                |
|                              | <input type="checkbox"/> No                 |