



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

NEW CONSTRUCTION APPLICATION

ELECTRICAL

GAS

MECH(HVAC)

PLUMBING

RIGHT-OF-WAY

Contractor Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Email Address: _____

Owner Contact Information:

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Email Address: _____

Project Address: _____ **JOB COST:** _____

Scope of Work: _____

PERMIT IS VALID FOR 30 DAYS FROM DATE OF ISSUANCE.

NOTE: ALL PLUMBING WORK MUST COMPLY WITH CITY STANDARDS FOR WATER AND SEWER USAGE TO INCLUDE BUT NOT BE LIMITED TO THE USE OF BACK-FLOW PREVENTERS WHERE REQUIRED. COMPLIANCE IS ALSO REQUIRED WITH THE CITY REGULATIONS FOR FIRE HYDRANTS, WHERE APPLICABLE.

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.

Signature: _____ **DATE:** _____

For Office Use Only

Permit #: _____

License #: _____

Tax Parcel #: _____

Approved by Planning Commission: Yes _____ No _____ Other _____

Notes: _____

Zoning

- ___ R-1
- ___ R-2
- ___ R-3
- ___ R-4
- ___ C-1
- ___ C-2
- ___ C-3
- ___ C-4

Overlay

- ___ Downtown
- ___ Sawmill
- ___ Leontyne
- ___ Tri-Park
- ___ Central Bus. Dist.
- Historic**
- ___ Yes ___ No