

APPLICATION FOR

ELECTRICAL _____
 GAS _____
 MECHANICAL (HVAC) _____
 PLUMBING _____
 ROW _____

CITY OF LAUREL
 P. O. BOX 647
 LAUREL, MS 39441-0647
 (601) 428-6438 OR FAX (601) 426-0043

CONTRACTOR NAME _____

ADDRESS _____

PHONE _____

EMAIL ADDRESS _____

PROJECT LOCATION _____

PROJECT OWNER _____

DESCRIBE WORK _____

JOB COST _____

APPROVED BY _____ DATE APPROVED _____

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