

APPLICATION
 FOR (CHECK ONE):
 ELECTRICAL VACANT MORE THAN ONE YEAR _____
 GAS PRESSURE TEST _____
 CITY OF LAUREL
 P. O. BOX 647
 LAUREL, MS 39441-0647
 (601) 428-6438 OR FAX (601) 426-0043

CONTRACTOR NAME IF APPLICABLE: _____

PROJECT LOCATION _____

PROJECT OWNER/TENANT: _____

TELEPHONE NUMBER FOR CONTACT: _____

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.