



**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