



**CITY OF LAUREL  
INSPECTION DEPARTMENT  
401 N 5TH AVE LAUREL  
MS 39440**

# 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:** \_\_\_\_\_

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