

**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: _____

Zoning	Overlay
<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	Historic
<input type="checkbox"/> C-4	<input type="checkbox"/> Yes
	<input type="checkbox"/> No