



Ocean Springs Building Department
1014 Porter Avenue
Ocean Springs, MS. 39564
Phone 228-875-6712

Mechanical Permit Application

Residential_____

Commercial_____

Building Permit No._____

Date _____

Mechanical Contractor_____

Phone_____

Customer_____

Phone_____

Job Address_____

Brand of Equipment_____

System Condenser Heat Pump Air Handler

Elec Heat Gas Heat Evap Coil Hydro Heat

Tonnage _____

BTU in KW _____

BTU in Gas _____

New Construction

Replacement of Existing System

Replacement of Existing Condenser

Replacement of Existing Air Handler/Gas Furnace

Replacement of Existing Evaporator Coil

Hood System

Job Cost _____

I, the undersigned, make application for permit to install heating and air in the premises described and in accordance with the data given above:

Applicant Signature: _____ **Date** _____

Building Official: _____ **Date** _____

Fire Department: _____ **Date** _____