



*City of Ocean Springs  
Building Department  
1014 Porter Avenue - P.O. Box 1800  
Ocean Springs, MS. 39564  
Phone 228-875-6712*

**Electrical Permit Application**

Residential \_\_\_\_\_ Commercial \_\_\_\_\_  
Building Permit No. \_\_\_\_\_ Date \_\_\_\_\_  
Electrical Contractor \_\_\_\_\_ Phone \_\_\_\_\_  
General Contractor \_\_\_\_\_  
Home/Business Owner \_\_\_\_\_ Phone \_\_\_\_\_  
Job Address \_\_\_\_\_  
Lot No. \_\_\_\_\_ Subdivision \_\_\_\_\_

**Please mark the following such as what size service, how many 110's, and 220's, T-Pole etc.**

**Residential**

**Service:**

\_\_\_\_ 200 amp \_\_\_\_ 400 amp \_\_\_\_ 600 amp \_\_\_\_ 800 amp

**Circuits:**

\_\_\_\_ Single Pole                  \_\_\_\_ Double Pole                  \_\_\_\_ Triple Pole

**Commercial**

**Service:**

\_\_\_\_ 200 amp \_\_\_\_ 400 amp \_\_\_\_ 600 amp \_\_\_\_ 800 amp

**Circuits:**

\_\_\_\_ Single Pole                  \_\_\_\_ Double Pole                  \_\_\_\_ Triple Pole

**Other:**

\_\_\_\_ Temporary Power Pole    \_\_\_\_ Corrective/Additional Wiring    \_\_\_\_ Generator

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

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Building Official** \_\_\_\_\_ **Date** \_\_\_\_\_