



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

Mechanical Permit Application

Residential_____

Commercial_____

Building Permit No._____

Date _____

Mechanical Contractor_____ Phone_____

Customer_____ Phone No._____

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 if 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** _____