



# Gas Permit Application

Return completed application to:  
 Department of Community Development  
 P. O. Box 1439  
 1098 Old Highway 61 North  
 Cleveland, MS 38732  
 Phone: 662-843-4601 Fax: 662-846-5701

TYPE OR PRINT CLEARLY

PROJECT INFORMATION	
Project Address: _____	Lot _____ Block _____
Project Value: _____	Subdivision _____
	Legal Description _____
OWNER INFORMATION	
Property Owner: _____	Mailing Address: _____
Telephone Number: (     ) _____ - _____	_____
LICENSED GAS FITTER	
Name: _____	Telephone Number: (     ) _____ - _____
Address: _____	Fax Number: (     ) _____ - _____
_____	Email: _____
PROJECT TYPE AND USE DESCRIPTION (Please check all that apply)	
Project type: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Special condition	
Structure Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Single-Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Manufactured Home	

Qty.	Description	Amt.	Fee	Qty.	Description	Amt.	Fee
NA	Base Permit Fee.....	25.00	25.00		Each Gas Outlet.....	5.00	
<b>Total Fee</b>							

Describe Work in Detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

*I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not resume to give authority to violate or cancel the provisions of any other State of Mississippi, City of Cleveland, Bolivar County, or U. S. law regulating plumbing or gas installations.*

\_\_\_\_\_  
 Signature of licensed plumber

\_\_\_\_\_  
 Date

**For office use only**

Date Received:	Received By:	Application No.	Permit Fee
Signature of Approval		Date of Approval	