



*City of Ocean Springs
 Building Department
 1018 Porter Avenue-P.O. Box 1800
 Ocean Springs, MS. 39564
 Phone 228-875-6712 Fax 228-872-5427*

Electrical Permit Application

Residential _____ Commercial _____

Date _____ Building Permit No. _____

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

100 Amp Service _____

150 Amp Service _____

200 Amp Service _____

400 Amp Service _____

110 Circuits _____

220 Circuits _____

Temp Power Pole _____

Commercial

100 Amp Service _____

150 Amp Service _____

200 Amp Service _____

400 Amp Service _____

600 Amp Service _____

800 Amp Service _____

1000 Amp Service _____

Over 1000 Amp Service _____

110 Circuits _____

220 Circuits _____

Triple Pole Circuits _____

Temp Power Pole _____

Additional/Corrective Wiring _____

Other: _____

Applicant Signature _____ **Date** _____