



*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*

Application for Mechanical Permit

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

___ Installing Total System, Resident Never had A/C

___ Installing Fire/Hood System

Job Cost _____

Applicant Signature _____ **Date** _____

Building Official: _____ **Date** _____

Fire Department: _____ **Date** _____