

BUILDING PERMIT DIVISION
OFFICE OF CODE SERVICES
DEPARTMENT OF PLANNING AND DEVELOPMENT
CITY OF JACKSON, MISSISSIPPI



200 SOUTH PRESIDENT STREET
POST OFFICE BOX 17
JACKSON, MS 39205
(601) 960-1160 OR (601) 960-1167
FAX (601) 960-1287

REQUEST FOR GAS SERVICE

GAS WILL NOT BE TURNED ON IF THIS FORM IS NOT COMPLETE OR IF THE STRUCTURE AND/OR PROPERTY DOES NOT MEET THE APPLICABLE ICC CODES OR THE CITY OF JACKSON ORDINANCES.

DATE: _____

LOCATION OF SERVICE: _____

TENANT INFORMATION

NAME: _____
(LAST) (FIRST)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

CONTRACTOR INFORMATION

NAME: _____
(LAST) (FIRST)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

***All structures requesting gas service must have a working smoke detector.**

Total Fee \$40.00

MASTER LICENSE HOLDER

LICENSE #