



**HARRISON COUNTY**  
Development Commission

12281 Intraplex Parkway, Gulfport, Mississippi 39503

Telephone 228.896.5020 ☎ Fax 228.896.6020 \* www.mscoast.org

**APPLICATION FOR UTILITY CONNECTION**

APPLICANT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

**BILLING ADDRESS (if different from above)**

\_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

Services Requested:

Water Meter \_\_\_\_\_ Inches; Sewer Tap \_\_\_\_\_ Inches; Fire Protect \_\_\_\_\_ Inches

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_

I understand this is a request for service and the HARRISON COUNTY DEVELOPMENT COMMISSION will inform me by letter the amount of the connection fee.

\_\_\_\_\_  
Applicant Title Date

**For Office Use Only**

\_\_\_\_\_  
TO ENGINEER: Date \_\_\_\_\_ By: \_\_\_\_\_

TO HCDC: Date \_\_\_\_\_ By: \_\_\_\_\_

APPL. ADVISED: Date \_\_\_\_\_ By: \_\_\_\_\_

FEE PAID: Date \_\_\_\_\_ By: \_\_\_\_\_

AGREE. SENT Date \_\_\_\_\_ By: \_\_\_\_\_

FINAL COST \$ \_\_\_\_\_