

City of Grenada, Mississippi Planning & Zoning Department



Application for Utility Inspection

Name: _____ Phone #: _____

Address: _____

Name on Account: _____ Account #: _____

Address on Account: _____

Account Phone # _____

Type of Inspection Needed: Electrical Inspection Gas Pressure Test

*****Must have 911 Address Notification Form*****

*****No inspection will be made on any property not properly numbered in accordance with the The Code of the City of Grenada**

Note: There will be a \$15.00 re-inspection fee for all failed inspections

P & Z Use Only:

Application Received: _____ By: _____

Inspected: _____ By: _____ Result: _____