

APPLICATION FOR PLUMBING PERMIT

PLUMBING PERMIT NUMBER _____

PLUMBING CONTRACTOR'S NAME: _____

PLUMBER'S PHONE #'s: _____

PLUMBER'S PASCAGOULA LICENSE # _____

JOB ADDRESS W/ZIP CODE: _____

BUSINESS NAME - (if commercial) _____

OWNER'S NAME: _____ OWNER'S PHONE: _____

OWNER'S ADDRESS W/ZIP CODE: _____

BUSINESS NAME - (if commercial) _____

COST OF THIS PLUMBING PROJECT \$ _____ Description of work: _____

Nature of Installation: (Please place a check-mark in appropriate box)			
COMPLETE JOB	<input type="checkbox"/>	ROUGH-IN PLUMBING	<input type="checkbox"/>
HEATING	<input type="checkbox"/>	FIXTURES	<input type="checkbox"/>
WATER	<input type="checkbox"/>	GAS	<input type="checkbox"/>
SEPTIC TANK	<input type="checkbox"/>	SEWER	<input type="checkbox"/>
		BACKFLO\ V	<input type="checkbox"/>

DESCRIPTION OF WORK: (Please place the exact number in each box)

BACK FLOW PREVENTOR	#	SPRINKLER(S) (BUILDING) each	#
BATH TUB(S)	#	STORM DRAIN	#
DISHW ASHER(S)	#	SEWER LINE	#
DISPOSAL	#	SHOWER	#
DRINKING FOUNTAIN(S)	#	SINK (S) – Kitchen	#
DRAINS (floor, roof, condensate)	#	SINK(S) – Mop	#
GAS LINE REPAIR	#	SINK(S) – Utility, etc.	#
GAS OUTLET(S)	#	WASHING MACHINE(S)	#
GAS PRESSURE TEST	#	WATER CLOSET(S) / URINALS	#
GAS VENT(S)	#	WATER COOLER(S)	#
GREASE TRAP	#	WATER HEATER(S)	#
ICE MACHINE(S)	#	WATER LINE OR REPIPE	#
LAUNDRY TUB(S)	#	3 BEDROOM HOUSE	#
LAVATORIES (Barber, etc.)	#	4 BEDROOM HOUSE	#
SPRINKLER(S) (Lawn) each	#	MISCELLANEOUS	#
		NUMBER OF INSPECTIONS	#

EITHER the Licensed Master Plumber or Journeyman Plumber (licensed with the City of Pascagoula) should be on the jobsite, while plumbing work is being done.

SIGNATURE OF APPLICANT _____

DATE _____

Permission is hereby granted to perform the work described above. This permit is issued on the condition that work described above shall conform to all City Ordinances and all City and State Laws regulating building construction, whether specified or not.

APPROVED BY _____

DATE: _____