

5000 Diamondhead Circle Diamondhead, MS 39525

Ph: 228-222-4626 FX: 228-222-4390

APPLICATION FOR PLUMBING PERMIT

Date:	Master Permit Number:		
Estimated Valuation:		Parcel Number: _	
Single Family Res	Multi Family Res	Commercial	
Project (ex: Waffle House): _			
Address:	Use address if you don't ha		
Owner Information:			
Last Name:	First:		Middle Initial:
Address:			
		te: Zip:	Phone:
Contractor Information Contractor: (Contractor Business			
License #:	State / City (ci	rcle one) Expiration [Date:
Address:			
City:	State:	Zip:	Phone:
	Payment Amount		
Permit Fee	\$30.00	<u>1</u>	<u>\$30.00</u>
Floor Drains	\$5.00		
Water Heater	\$5.00		
Water Closet	\$5.00		
Sewer Connection	\$5.00		
Refrigerator	\$5.00		
Lavatory	\$5.00		
Kitchen Sink	\$5.00		
Dishwasher	\$5.00		
Clothes Washer	\$5.00		
Bathtub/Shower	\$5.00		
Backflow Preventer	\$5.00		
Air Conditioner Drain			
Miscellaneous	\$5.00		
	Totals		\$
	Totals	k as described herein an	\$d if permit is granted I agree to confor
Regulations and ordinances Applicant's Name (Print):_			th the plans submitted.
Applicant's Signature:		Date:	