

APPLICATION FOR PLUMBING PERMIT



CITY OF GULFPORT
 URBAN DEVELOPMENT – BUILDING CODE SERVICES
 1410 24th Avenue
 Gulfport, MS 39501

IN ORDER FOR US TO SERVE YOU IN A TIMELY MANNER, WE NEED YOUR COOPERATION IN FILLING THE APPLICATION OUT PROPERLY.

MASTER PERMIT NUMBER: _____ DATE: _____

OWNER NAME: _____

JOB ADDRESS: _____

COMMERCIAL: _____ RESIDENTIAL: _____

TAX PARCEL NO: _____

	WATER CLOSET		KITCHEN RANGE
	SINK		HOT PLATE
	BATH TUBS		REFRIGERATOR
	LAVATORIES		WATER HEATER/FULL AUTO
	GREASE TRAP		WATER HEATER/INSTANT
	URINALS		RADIANT HEATER
	LAUNDRY TUBS		FLOOR FURNACE
	FLOOR DRAINS		FURNACE HOT AIR
	SEWER CONNECTION		RADIATOR/GAS/STEAM/VENT
	SHOWER		RADIATOR/NON VENTED
	WATER FOUNTAIN		CIRCULATING HEATER
	DISHWASHER/DISPOSAL		SERVICE LINE (GAS LINES)
	WASHING MACHINE		OTHER FIXTURES
	WATER CONNECTION		BOILERS
	SWIMMING POOL		OTHER CONNECTIONS
	PERMIT FEE		

OTHER INFORMATION:

COMPANY NAME: _____

CASH: _____

SIGNATURE: _____

CHECK: _____

LICENSE NO: _____