



*City of Ocean Springs
 Building Department
 1014 Porter Avenue-P.O. Box 1800
 Ocean Springs, MS. 39564
 Phone 228-875-6712*

Plumbing or Gas Permit Application

Residential _____ Commercial _____

Building Permit No. _____ Date _____

Plumbing Contractor _____ Phone _____

General Contractor _____

Home/Business Owner _____ Phone _____

Job Address _____

Lot No. _____ Subdivision _____

No. of Plumbing Fixtures:

___ Water Closet	___ Bath Tub	___ Lavatory
___ Shower	___ Sauna Bath	___ Sink
___ Washing Machine	___ Dish Washer	___ Drinking Fountain
___ Laundry Tray	___ Urinal	___ House Trap
___ Water Heater	___ Refrigerator	___ A/C Drain Line
___ Floor Drains		

Service Lines:

___ Water Line	___ Sewer Line	___ Sewer Line Inspection
___ Vac Breaker/Back Flow	___ Gas Line	___ Gas Line Inspection

No. of Gas Fixtures:

___ Dryer	___ Space Heater	___ Oven
___ Range	___ Floor Furnace	___ Central heating
___ Water Heater	___ LPG to Natural Gas Conversion	

Other:

___ Grease Trap	___ Grease Trap Size
___ Fire Sprinkler System	___ Sprinkler Heads

I, the undersigned, make application for permit to install plumbing or gas piping and appliances in the premises described and in accordance with the data given above:

Applicant Signature: _____ **Date:** _____

Fire Department: _____ **Date:** _____

Building Official: _____ **Date:** _____