

CITY OF LONG BEACH, MISSISSIPPI

PLUMBING PERMIT APPLICATION

PHYSICAL ADDRESS:
201 JEFF DAVIS AVENUE
LONG BEACH, MS 39560

PHONE: (228) 863-1554
FAX: (228) 863-1558

MAILING ADDRESS
POST OFFICE BOX 929
LONG BEACH, MS 39560

CONTRACTOR INFORMATION

Long Beach License # _____

Business Owner's Name _____

Business Name _____

Address _____ City, State, Zip _____

Business Phone _____ Fax _____

Email (*This office may contact you by email regarding your project) _____

OWNER AND/OR PROPERTY INFORMATION

Job Address _____ Tax Parcel Number _____

Property Owner's Last Name _____ First _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Email (*This office may contact you by email regarding your property) _____

Occupancy Use	Work Type	Building Use Type
_____ Residential	_____ New Construction _____ Repair	_____ Single Family _____ Condominium
_____ Commercial	_____ Addition _____ Relocation	_____ Modular Home _____ Swimming Pool
_____ Government	_____ Renovation _____ Meter Service	_____ Duplex _____ Garage/Carport
_____ School	_____ Alterations	_____ Apartments _____ Shed
		_____ Church _____ Cell Tower

please place a number on each line applicable

- | | | |
|---------------------------|-----------------------------|------------------------|
| _____ A/C DRAIN | _____ URINAL | _____ LAVATORY |
| _____ SERVICE SINK | _____ DRINKING FOUNTAIN | _____ SPRINKLER SYSTEM |
| _____ BACK FLOW PREVENTOR | _____ WASHING MACHINE | _____ REFRIGERATOR |
| _____ SEWER | _____ FLOOR DRAIN | _____ SWIMMING POOL |
| _____ BATH TUB | _____ WATER CLOSET | _____ GREASE TRAP |
| _____ SHOWER | _____ GARBAGE DISPOSAL | _____ WATER CONNECTION |
| _____ BIDET | _____ WATER HEATER | _____ GRINDER PUMP |
| _____ SINK | _____ LAUNDRY TUB | _____ ICE MACHINE |
| _____ DISHWASHER | _____ DRAINAGE MODIFICATION | |

Remarks: _____

I HEREBY CERTIFY THAT I UNDERSTAND THE CODES AND AMENDMENTS THERETO APPLICABLE TO THIS LOCALITY AND AGREE TO INSTALL ALL WORK ACCORDINGLY.

SIGNATURE: _____ **DATE** _____