



CITY OF LONG BEACH, MISSISSIPPI
PO BOX 929
LONG BEACH, MS 39560
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APPLICATION FOR PLUMBING PERMIT

DATE: _____

BUILDING PERMIT NO. _____

OWNER: _____

ADDRESS: _____

- _____ A / DRAIN
- _____ BACK FLOW PREVENTOR
- _____ BATH
- _____ BATH TUB
- _____ BIDET
- _____ DISHWASHER
- _____ DRINKING FOUNTAIN
- _____ FLOOR DRAINS
- _____ GARBAGE DISPOSAL
- _____ LAUNDRY TUB
- _____ LAVATORY
- _____ REFRIGERATOR
- _____ GREASE TRAP
- _____ GRINDER PUMP
- _____ ICE MACHINE

- _____ SERVICE SINK
- _____ SEWER
- _____ SHOWER
- _____ SINK
- _____ URINAL
- _____ WASHING MACHINE
- _____ WATER CLOSET
- _____ WATER HEATER
- _____ DRAINAGE MODIFICATION
- _____ SPRINKLER SYSTEM
- _____ SWIMMING POOL
- _____ WATER CONNECTION

REMARKS: _____

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

CONTRACTOR: _____ PHONE: _____

SIGNATURE: _____