

**CITY OF PICAYUNE
CODE ENFORCEMENT
601-798-9770**

**Application to install Sewerage, Plumbing, Plumbing Fixtures, or Appliances
PLEASE ATTACH BID SHEET**

DO NOT WRITE IN THIS SPACE

I (or we) hereby make application for a permit to install sewerage, plumbing, or plumbing fixtures or appliances in the premises described, and in accordance with the Ordinances of the City of Picayune, Mississippi.

Permit Reviewed by: _____
Permit Approved by: _____
Permit Issue Date: ____/____/____

APPLICANT OR CONTRACTOR MAKING APPLICATION

ADDRESS OF JOB LOCATION

Name: _____

Address: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____

Legal Description: _____

Phone: (_____) _____

PARCEL NO.: _____

(Owner of Structure if different than above)

CLASSIFICATION OF WORK

NAME _____

_____ NEW CONSTRUCTION

ADDRESS _____

_____ RE-CONSTRUCTION

CITY _____ ST _____ ZIP _____

_____ REPAIRS _____ ADDITION

_____ RELOCATE _____ REMODEL

PHONE (_____) _____ - _____

JOB VALUATION \$ _____

_____ MAINTAINACE _____ IMPROVEMENTS

TYPE OF HEAT: GAS * BUTANE * ELECTRIC * WOOD BURNING (Circle One)

_____ Residential House _____ Commercial Building _____ Industrial Pretreatment Interceptor

_____ Residential Mobile Home _____ Industrial Building _____ Other

Number of Fixtures *	Number of Traps *	Number of Waste *	Number of Vents
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_____ A/C Drains	_____	_____	_____
_____ Air Conditioner	_____	_____	_____
_____ Backflow protection devices	_____	_____	_____
_____ Bathtubs	_____	_____	_____
_____ Building Sewer Connection	_____	_____	_____
_____ Building Water Connection	_____	_____	_____
_____ Dish Washer	_____	_____	_____
_____ Floor Drains	_____ Laundry Tray	_____	_____
_____ Gas Outlets	_____ Lawn Sprinklers	_____	_____
_____ Lavatory	_____ Showers	_____	_____
_____ Sinks	_____ Refrigerator	_____	_____
_____ Urinal	_____ Vent Piping Repairs/Alter/Install	_____	_____
_____ Washing Machine	_____ Vacuum Breakers	_____	_____
_____ Water Closet	_____ Water Heater	_____ Vents	_____
_____ # Rain Water Systems per drain	_____	_____ Atmospheric- type vacuum breakers	_____
Total Number of Fixtures	Other Connections: _____		

I HEREBY CERTIFY: THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT: THAT I AGREE TO COMPLY WITH ALL APPLICABLE, ORDINANCES AND STATE LAWS REGULATING PLUMBING CONSTRUCTION: THAT I AM THE OWNER OR AUTHORIZED TO ACT AS THE OWNER'S AGENT FOR THE HEREIN DESCRIBED WORK AND DO HERBY AGREE THAT IF AT ANYTIME CONSTRUCTION IS FOUND TO BE IN VIOLATION OR NON-COMPLIANCE THAT I HEREBY AUTHORIZE THE BUILDING OFFICIAL OR AGENT TO DIRECT THE LOCAL POWER UTILITY TO DISCONNECT POWER TO THE PREVIOUSLY DESCRIBED LOCATION:

OWNER / AGENT/ CONTRACTOR (PLEASE PRINT) _____
SIGNATURE _____ DATE ____/____/____

(Revised 3-8-07)

PLEASE ATTACH BID SHEET