

CITY OF PICAYUNE

TAP FEE APPLICATION

Application for Gas & Water Taps in the City of Picayune

revised 4/19/07

DO NOT WRITE IN THIS SPACE

Permit Reviewed by: _____

Permit Approved by: _____

Permit Issue Date: ___/___/___

**APPLICANT OR CONTRACTOR
(PLEASE PRINT)**

SERVICE ADDRESS

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LEGAL DESCRIPTION: _____

SUBDIVISION: _____

PHONE () _____ - _____

TAX PARCEL NUMBER: _____

(Owner if different than above)

CLASSIFICATION OF WORK

NAME _____

____ NEW CONSTRUCTION ____ ADDITION
____ RE CONSTRUCTION ____ RELOCATE
____ REMODEL ____ REPAIRS
____ EXISTING HOUSE ____ OTHER

ADDRESS _____

CITY _____ ST _____ ZIP _____

____ RESIDENTIAL ____ COMMERCIAL ____ MULTIFAMILY

PHONE () _____

TYPE OF TAP: (Please Circle) _____

* WATER * (Domestic) * WATER (Fire Main) * GAS

_____ SIZE OF TAP NEEDED FOR SEWER _____ SIZE OF TAP NEEDED FOR GAS

_____ SIZE OF TAP NEEDED FOR WATER * IS THE TAP EXISTING? ____ YES ____ NO

****AFTER TAP FEES ARE PAID, YOU MUST PAY ALL NECESSARY DEPOSITS (METER WILL NOT BE INSTALLED UNTIL DEPOSITS ARE PAID)**

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 ELECTRICAL & MECHANICAL CONSTRUCTION: THAT I AM THE OWNER OR AUTHORIZED TO ACT AS THE OWNER'S AGENT FOR THE HEREINDESCRIBED WORK AND DO HERBY AGREE THAT IF AT ANYTIME CONSTRUCTION IS FOUND TO BE IN VIOLATION OR NONCOMPLIANCE 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 ___/___/___