



**Ocean Springs Building Department**  
**1014 Porter Avenue**  
**Phone 228-875-6712**

**Plumbing & Gas Permit Application**

Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Building Permit No. \_\_\_\_\_ Date \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Phone \_\_\_\_\_

General Contractor \_\_\_\_\_

Home/Business Owner \_\_\_\_\_ Phone \_\_\_\_\_

Job Address \_\_\_\_\_ Lot # \_\_\_\_\_

**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
____ 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:** \_\_\_\_\_