

*City of Ocean Springs*  
*Building Department*  
*1018 Porter Avenue-P.O. Box 1800*  
*Ocean Springs, MS. 39564*  
*Phone 228-875-6712 Fax 228-872-5427*

**Plumbing or Gas Permit Application**

Residential \_\_\_\_\_

Commercial \_\_\_\_\_

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

Date \_\_\_\_\_

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

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

Job Address \_\_\_\_\_

**No. of Plumbing Fixtures**

**No. of Gas Fixtures**

- \_\_\_ Water Closet
- \_\_\_ Bath Tub
- \_\_\_ Lavatory
- \_\_\_ Shower
- \_\_\_ Sauna Bath
- \_\_\_ Sink
- \_\_\_ Washing Machine
- \_\_\_ Dish Washer
- \_\_\_ Laundry Tray
- \_\_\_ Drinking Fountain
- \_\_\_ Urinal
- \_\_\_ House Trap
- \_\_\_ Hot Water Heater
- \_\_\_ Refrigerator
- \_\_\_ A/C Drain Line
- \_\_\_ Swimming Pool
- \_\_\_ Sewer Replace/Repair
- \_\_\_ Sewer Line
- \_\_\_ Sewer Line Inspection
- \_\_\_ Septic Tank Inspection
- \_\_\_ Water Line
- \_\_\_ Vac Breaker/Back Flow
- \_\_\_ Other

- \_\_\_ Gas Dryer
- \_\_\_ Gas Space Heater
- \_\_\_ Gas Oven
- \_\_\_ Gas Range
- \_\_\_ Floor Furnace
- \_\_\_ Central Heating
- \_\_\_ Vented Heating
- \_\_\_ Gas Hot Water Heater
- \_\_\_ Spare Gas Outlets
- \_\_\_ Gas Line
- \_\_\_ Gas Inspection
- \_\_\_ Floor Drains
- \_\_\_ Water PIP/Treatment
- \_\_\_ Drainage Vent Piping
- \_\_\_ Large Boiler H.P. (\_\_\_)
- \_\_\_ LPG to N Gas Conversion
- \_\_\_ Other

\* Septic Tank Location & Drain Field  
Approved By Local Health Authority  
Yes \_\_\_\_\_ No \_\_\_\_\_

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** \_\_\_\_\_