PLUMBING PERMIT APPLICATION

TOWN of BYHALIA

P. O. Box 412 – 225 Hwy. 309 S Byhalia, MS. 38611 (662)838-2135

Receipt #		PERI	MIT #	
Check #				
Cash	-			
Contractor:		Licens	e #:	
EMAIL ADDRESS:	·		·	
Address:		_ Phone	#:	
		Phone	#:	
Job Site Owner:		Phone:		
Job Site Address:				
Subdivision:	Lot #	_ New:	Addition:	
Residential:	_ Commercial/Industria	al:	Other:	
	the representation herein ma	ade may be rev	it is true and correct. I acknow oked at any time, without not	_
Contractor Signature		Da	nte	
Property owner certification work listed on this applicat		eby certify than anyone else to p	t I will be performing the desc erform said work. I am aware	
Owner Signature		Da	nte	

Plumbing Permit Rate Table

		UNITS	Χ	RATE	=		FEES
1	WATER CLOSETS		Х	\$4.00	=		
2	WATER BASINS		Х	\$4.00	=		
3	SHOWERS		Χ	\$ 4.00	=		
4	TUBS		Χ	\$ 4.00	=		
5	URINALS		Χ	\$ 4.00	=		
6	SINKS		Х	\$ 4.00	=		
7	GARBAGE DISPOSALS		Χ	\$ 4.00	=		
8	DISHWASHERS		Χ	\$ 4.00	=		
9	WASHING MACHINES (Regular or Commercial)		Х	\$ 4.00	=		
10	SINKS (SERVICE/MOP)		Χ	\$ 4.00	=		
11	FLOOR / ROOF DRAINS		Χ	\$4.00	_		
12	VACUUM / BACKFLOW PREVENTORS		Χ	\$4.00	=		
13	WATER HEATERS (Regular or Commercial)		Χ	\$4.00	=		
14	DRINKING FOUNTAINS		Χ	\$ 4.00	=		
15	GAS PIPING (EACH OUTLET)		Χ	\$ 4.00	=		
16	DEEP SEAL TRAPS		Χ	\$4.00	=		
17	MAINWATER SUPPLY LINE		Χ	\$ 4.00	=		
	SEWERS NEW / REPLACEMENTS		Χ	\$ 4.00	=		
18	Miscellaneous or minimum charge			\$30.00	=		
19							
	·						
RECORDING FEE							
TOTAL FEES							