Plumbing Permit Application

Return completed application to:
Department of Community Development
P. O. Box 1439
1098 Old Highway 61 North
Cleveland, MS 38732
Phone: 662-843-4601 Fax: 662-846-5701

TYPE OR PRINT CLEARLY

PROJECT INFORMATION

Project Address: _____

Project Value: _____

Lot _____ Block _____

Subdivision _____

Legal Description _____

OWNER INFORMATION

Property Owner: _____

Telephone Number: ( ) _____-_____

Mailing Address: _____

_____

LICENSED PLUMBING CONTRACTOR

Name: _____

Address: _____

_____

Telephone Number: ( ) _____-_____

Fax Number: ( ) _____-_____

Email: _____

PROJECT TYPE AND USE DESCRIPTION (Please check all that apply)

Project type: ☐ New ☐ Addition ☐ Remodel ☐ Repair ☐ Special condition

Structure Use: ☐ Commercial ☐ Industrial ☐ Single-Family ☐ Multi-Family ☐ Manufactured Home

Qty.	Description	Amt.	Fee
NA	Base Permit Fee……	25.00	25.00
	Bathtub……	3.00	
	Shower……	3.00	
	Dishwasher……	3.00	
	Washing Machine……..	3.00	
	Floor Drain……..	3.00	
	Grease Interceptor or Trap…...	3.00	
	Fire Sprinkler……..	5.00	
	Backflow Preventor……	3.00	

Qty.	Description	Amt.	Fee
	Toilet……..	3.00	
	Lavatory……	3.00	
	Kitchen Sink……..	3.00	
	Water Heater……	3.00	
	Urinal……	3.00	
	Drink Fountain……..	3.00	
	Utility Sink……..	3.00	
	Lawn Sprinkler……..	5.00	
	Water Piping……..	10.00	
	Sewer Piping……	10.00	
	Total Fees		

Describe any minor repairs: _____

_____

_____

CERTIFICATION

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not resume to give authority to violate or cancel the provisions of any other State of Mississippi, City of Cleveland, Bolivar County, or U. S. law regulating plumbing or gas installations.

_____ _____

Signature of licensed plumber Date

For office use only

Date Received:	Received By:	Application No.	Permit Fee
Signature of Approval		Date of Approval	