

PLUMBING PERMIT APPLICATION

Permit # _____

City of Sardis
114 West Lee Street
Sardis, MS 38666
662-487-2371

Receipt # _____
Check# _____
Cash _____

Subdivision _____ Lot _____ New _____ Addition _____

Job Site Address _____

Residential _____ Commercial/Industrial _____ Other _____

Contractor _____ License# _____

Address _____ Phone# _____

Job Site Owner _____ Phone# _____

	Units	x	Rate	(=)	Fees
Water Closets		x	\$4.00	(=)	
Water Basins		x	\$4.00	(=)	
Showers		x	\$4.00	(=)	
Tubs		x	\$4.00	(=)	
Urinals		x	\$4.00	(=)	
Sinks		x	\$4.00	(=)	
Garbage Disposals		x	\$4.00	(=)	
Dishwashers		x	\$4.00	(=)	
Washing Machines		x	\$4.00	(=)	
Sinks (Service/Mop)		x	\$4.00	(=)	
Floor/Hub/Roof Drains		x	\$4.00	(=)	
Hose Bib Vacuum Breakers		x	\$4.00	(=)	
Backflow Preventers		x	\$4.00	(=)	
Water Heaters		x	\$4.00	(=)	
Drinking Fountains		x	\$4.00	(=)	
Deep Seal Traps		x	\$4.00	(=)	
Oil Separator/Grease Trap		x	\$15.00	(=)	
H2O Supply or Sewers new/renov.		x	\$15.00	(=)	
Gas Service		x	\$75.00	(=)	
Commercial Hot Water Heater		x	\$10.00	(=)	
Commercial Washing Machines		x	\$10.00	(=)	
Minimum Fee			\$30.00	(=)	
TOTAL DUE					

I, the undersigned, certify that the described work listed on this permit is true and correct. I acknowledge that any permit granted on the representation herein made may be revoked at any time without notice, on a breach of representation or violation of the adopted plumbing code. This work must be performed to the minimum standards of the ICC Plumbing Code and all other codes and ordinances adopted by the City of Sardis. The permit holder is responsible for obtaining the required inspections. First inspection fee is included in the permit fee. Re-inspection for a failed inspection will require a \$100.00 fee paid prior to the re-inspection.

Contractor Signature _____ Date _____