



**PLUMBING & GAS PERMIT APPLICATION**  
**City of Starkville Community Development Dept.**  
**City Hall, 110 W. Main Street**  
**Starkville, Mississippi 39759-2823**  
**Phone: (662) 323-8012 Fax: (662) 323-4143**  
**e-mail: buildingdept@cityofstarkville.org**

Project Street Address/Location \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot Number \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cellular Number \_\_\_\_\_  
Contractor's Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ License Number \_\_\_\_\_

Estimated Construction Valuation \$ \_\_\_\_\_ \*Permit Cost \$ \_\_\_\_\_

Type of Project:  New  Addition  Alteration  Combination Addition/Alteration  Sewer Connection  
 Irrigation  Swimming Pool  Repair  Grease Trap/Interceptor  Meter Set  Gas Piping  
Building Type:  Single-Family Residential  Multi-Family Residential  Mobile Home  Commercial  
# of Sewer Connections: \_\_\_\_\_ # of Plumbing Fixtures: \_\_\_\_\_  
Description of Work \_\_\_\_\_  
\_\_\_\_\_

**GAS INFORMATION**

Type of Gas:  Natural  LP  Medical # of Gas Outlets: \_\_\_\_\_ Total BTU's: \_\_\_\_\_

**NUMBER OF FIXTURES**

Water Closets _____	Lavatories _____	Sinks _____
Dishwashers _____	Urinals _____	Laundry Tubs _____
Disposal Units _____	Bathtubs _____	Mop Sinks _____
Washing Machines _____	Showers _____	Floor Drains _____
Water Heaters _____	Grease Traps _____	Miscellaneous _____

**CALL MISSISSIPPI ONE-CALL 48 HOURS BEFORE YOU DIG: 1-800-227-6477**

I hereby acknowledge that I have read this application and state that the above information is true and correct to the best of my knowledge. I also agree to conform to all City codes and ordinances regulating plumbing and/or gas work.

Submitted by \_\_\_\_\_ Date \_\_\_\_\_