

MUNICIPALITY OF MISSISSIPPI MILLS

Plumbing Information Sheet

Site Address:			
Application is to:	Construct	Alter	Repair

Owner's Name:
Owner's Phone:
Owners Email:
Plumber's Name:
Company Name (if applicable):
Plumber's Phone:
Plumber's License #:

Total Number of Fixtures _____

Please fill in total amount of fixtures installed on the corresponding floor level(s).

Fixture Type	Basement	1 st Floor	2 nd Floor	3 rd Floor
Toilet / Bidet				
Bathroom Sink				
Shower				
Bathtub				
Kitchen Sink				
Washing Machine				
Laundry Sink				
Floor Drain				
Hot Water Tank				
Water Softener				
Urinal				
Grease Trap				
Oil Interceptor				
Pumps				
Backwater Valves				
Special Fixture				