



Planning and Development Department

Commercial Plumbing Permit Application

Applicant Name _____ Phone _____ Email _____

Project Address _____ City _____ NC ZIP _____

Subdivision or Project Name _____ Lot Number _____

Project Contact Person _____ Phone _____ Fax _____

Email _____ Contact preference: Phone Fax Email

Property Owner _____ Phone _____ Email _____

Address _____ City _____ State _____ ZIP _____

Additional Site Instructions _____

Description of Work _____

Proposed Use _____

PLANNING DEPARTMENT APPROVAL

Commercial Use _____ Business Name _____

Type of Work: Add-New Relocate Replace-Change Out

PLUMBING PROJECT INFORMATION

Number of Plumbing Fixtures: _____ Number of Bathrooms: _____

Wastewater: Septic Tank Private Sewer Public System (Public system requires documentation from Sewer Provider)

Lawn or Irrigation Sprinkler: Yes No (If yes, a site plan will be included depicting the sprinkler layout for the proposed project)

Water Supply to Sprinkler: Drinking Water: Yes No (If no, describe source tie in) _____

PLUMBING CONTRACTOR INFORMATION

1) Contractor (Company Name) _____ Phone _____

2) Address _____ City _____ State _____ ZIP _____

3) License Number _____ Classification: Class I Class II Owner

4) Email _____ Construction Cost (contract amount) \$ _____

5) Authorized Agent (print) _____ Signature _____ Date _____

APPLICANT STATEMENT

I hereby certify that all information in this application is correct and all work will comply with the State Building code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Name (print) _____ Signature _____ Date _____