FAX (252) 329-4424

PLUMBING PERMIT APPLICATION FORM

DATE: _____ **PERMIT NO.#**_____

CONTRACTOR: _____ **FEE:** _____

OWNER: _____

JOB ADDRESS: _____

FOR INSTALLATION OF:

WATER CLOSETS.....____

BATH TUBS (INCLUDE WHIRLPOOL).....____

LAVATORIES.....____

SINKS.....____

SHOWERS.....____

URINALS.....____

WASHING MACHINES.....____

WATER HEATERS.....____

LAUNDRY TRAYS.....____

MISCELLANEOUS.....____

FLOOR DRAINS.....____

DRINKING FOUNTAINS.....____

SEWER/WATER/GAS/SEPTIC.....____

SPRINKLER.....____

_____

CONTRACTOR/AGENT