



ROCKINGHAM COUNTY
PLUMBING PERMIT APPLICATION

Permit #: \_\_\_\_\_

Property Address \_\_\_\_\_ Parcel No/Tax PIN \_\_\_\_\_

OWNER:

Name: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT:

Name (if not owner): \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant is: \_\_\_\_\_ Owner

(Property not intended for rental, lease, sale or gift and exempt from licensed contractor requirements)

\_\_\_\_\_ Contractor License No: \_\_\_\_\_

(Contractor certifies that all information in this application is correct and all work will comply with the N.C. State building Code and all other applicable state, local laws, ordinances, and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.)

JOB DESCRIPTION REQUEST: \_\_\_\_\_ Install \_\_\_\_\_ Extend \_\_\_\_\_ Alter

Other: \_\_\_\_\_

NUMBER OF FIXTURES:

Water Closet \_\_\_\_\_ Lavatories \_\_\_\_\_ Bath Tub \_\_\_\_\_
Shower \_\_\_\_\_ Sink \_\_\_\_\_ Urinal \_\_\_\_\_
Water Heater (Gas) \_\_\_\_\_ Laundry Tray \_\_\_\_\_ Washing Machine \_\_\_\_\_
Water Heater (Electric) \_\_\_\_\_ Floor Drain \_\_\_\_\_ Dishwasher \_\_\_\_\_
Well Connection \_\_\_\_\_ Water Connection \_\_\_\_\_ Sewer Connection \_\_\_\_\_
Lift Pump \_\_\_\_\_

JOB VALUE: (For Commercial Projects Only:) \_\_\_\_\_

NOTE: IN ORDER TO AVOID A RE-INSPECTION FEE THE OWNER/CONTRACTOR MUST MAKE ARRANGEMENTS FOR THE INSPECTOR TO GET INSIDE PREMISES WHEN REQUIRED.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_