



Plumbing Permit Application

Development Services | Permitting & Inspections

www.fayettevillenc.gov

433 Hay Street Fayetteville, NC 28301

Phone (910) 433-1707 Fax (910) 433-1588

Notes: Please fill out application COMPLETELY – Failure to do so will delay processing – Thank you

1. Project Location:

Project Address	Project Name	Tax Parcel Identification Number
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2. Contractor Information

Company Name:		Telephone #:
Address:		E-mail:
City/State/Zip:		
NC State License Number:	Classification:	Limitation:
Company Affiliation: <input type="checkbox"/> Owner – Name:		<input type="checkbox"/> Employee – Name:

3. Owner Information:

Name:			
Mailing Address:			
City:	State:	Zip:	
Email Address:			Phone #:
<input type="checkbox"/> Property Owner		<input type="checkbox"/> Owner's Designee	<input type="checkbox"/> Other

4. Is this plumbing work part of a building permit project? Yes No **Building Permit Number:** _____

5. Description of Work

<input type="checkbox"/> Commercial	<input type="checkbox"/> New	<input type="checkbox"/> Water Tap Size:	<input type="checkbox"/> Irrigation Tap	<input type="checkbox"/> Size
<input type="checkbox"/> Residential	<input type="checkbox"/> Existing	<input type="checkbox"/> Sewer Line Size:	<input type="checkbox"/> Residential	

6. Number of Fixtures:

(Check all that apply)			
<input type="checkbox"/> Bathtub	<input type="checkbox"/> Dumpster Pad	<input type="checkbox"/> Roof Drains	<input type="checkbox"/> Washing Machine
<input type="checkbox"/> Bidet	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower	<input type="checkbox"/> Water Closet
<input type="checkbox"/> Can Wash	<input type="checkbox"/> Interceptor <input type="checkbox"/> Oil <input type="checkbox"/> Grease <input type="checkbox"/> Sand	<input type="checkbox"/> Sink	<input type="checkbox"/> Water Fountain
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Laundry Tub	<input type="checkbox"/> Sump Drain	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Disposal	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Urinal	<input type="checkbox"/> Other

7. Applicant's Signature & Authorization:

Permit Expiration: The permit will expire if no inspection occurs within the first six (6) months for each trade from the date the permit was issued. If an inspection has been done, the permit will expire 12 months from the date of the inspection.

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Plumbing Code and all other applicable state and local laws, ordinances and regulations. The Inspections Department will be notified of any changes in the approved plans and specification for the projected permitted herein.

Signature of Owner/Agent

Printed Name

Date

Permit Fee: _____

Permit Number: _____

Date: ___/___/20__