NEW HANOVER COUNTY
CODE ENFORCEMENT SERVICES

NEW HANOVER COUNTY BUILDING PERMIT

APPLICATION TYPE: PLUMBING

(PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS)

APPLICATION #
123456789*12
(For Office Use)

DATE:
10/01/2009

Project Responsibility

APPLICANT'S NAME: 123456789*123456789*123456789*123456789*12345 **PHONE:** (910) 798-7423 **FAX:** (910) 798-7423

PROJECT ADDRESS: 123456789*123456789*123456789*123456789*123 **CITY:** 123456789*123456789* **ST:** NC **ZIP:** 28403

OWNER'S NAME: 123456789*123456789*123456789*123456789*123456 **PHONE:** (910) 798-7423 **FAX:** (910) 798-7423
OWNER'S ADDRESS: 123456789*123456789*123456789*123456789*123 **CITY:** 123456789*123456789* **ST:** NC **ZIP:** 28403

PLBG CONTRACTOR: 123456789*123456789*123456789*123456789*123456 **PHONE:** (910) 798-7423 **FAX:** (910) 798-7423
ACCOUNT #: 123456789*1234567 **STATE LICENSE #:** 123456789*1234567 JOURNEYMAN LICENSE #: 123456789*1234567
ADDRESS: 123456789*123456789*123456789*123456789*123 **CITY:** 123456789*123456789* **ST:** NC **ZIP:** 28403

PROJECT CONTACT PERSON: 123456789*123456789*123456789*123456789*12345 **PHONE:** (910) 798-7423

DISCLAIMER: 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 Development Services Center will be notified of any changes in the approved plans and specifications for the project permitted here.

OWNER / AGENT: 123456789*123456789*123456789*123456789*1 **SIGNATURE:** _____

TOTAL SQUARE FEET OF BUILDING: 123456789*12345 **LOCATED IN A FLOODPLAIN?** 12 **YES** **12 NO**
NOTE: If the plumbing system(s) you are permitting serves only a small portion not the entire building put the square footage of the small area it serves. **The square footage is not required if you are only changing out a single component of a system.**

NEW CONSTRUCTION – PERMIT NUMBER: 123456789*123456789*
NOTE: If you have the Project Permit Number you need not fill out the Owners Name, Address or Phone Number.

(Check those that apply)

IS YOUR PROJECT: 12 **RESIDENTIAL** (House, Duplex or Townhome) **OR** 12 **COMMERCIAL** (All other construction)
NOTE: Residential is defined as a single-family detached home, a duplex or up to a maximum of (8) attached Townhouses only! Commercial Projects are defined as Apartments, Condos, Offices and other Businesses.

IF COMMERCIAL, WHAT IS THE OCCUPANCY TYPE: 12 Assembly 12 Business 12 Educational
12 Fact_Ind 12 Hazardous 12 Institutional 12 Mercantile 12 Residential 12 Storage

IS YOUR PROJECT: 12 New Construction 12 Addition 12 Alteration 12 Existing Building

---

Please CHECK below next to the description of work you are doing. Please enter the (**Details**) on the lines below your selection as to the number of plumbing system(s) and size(s) of services, any other additional equipment, etc. you are installing or replacing.

12 Install New Plumbing System	12 MH Connection	12 Water Service
12 Plumbing System Replacement	12 Septic Tie-in	12 Backflow Preventor
12 Chg Out(1) Component of Plumbing System	12 Sewer	12 Backflow Preventor (City Req)
12 Adding to or Altering an Existing Systen		12 Other (see details below)

123456789* Total Number of Fixtures Installed in Building

Please Give Details in Section Below

DETAILS: 123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*1234567
123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456
123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456789*123456

PAYMENT METHOD: 12 **CASH** 12 **CHECK** **(Payable to New Hanover County)** 12 **BILL ACCOUNT** 12 **VISA** 12 **MC**

(OFFICE USE) PERMIT FEE: 123456789*12345