



NEW HANOVER COUNTY
CODE ENFORCEMENT SERVICES

NEW HANOVER COUNTY BUILDING PERMIT

amend 715/05

APPLICATION TYPE: PLUMBING

(PLEASE PRINT CLEARLY & ANSWER ALL QUESTIONS)

APPLICATION # _____

YOUR FAX #: _____ Project Responsibility

(For office use)

APPLICANT'S NAME _____ DATE _____

PROJECT ADDRESS _____ CITY _____ ST _____ ZIP _____

PLBG CONTRACTOR _____ ACCOUNT # _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE # _____ STATE LICENSE # _____ JOURNEYMAN LICENSE # _____

OWNER'S NAME _____ PHONE _____

OWNER'S ADDRESS _____ CITY _____ ST _____ ZIP _____

PROJECT CONTACT PERSON: _____ PHONE _____

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 Inspections Dept. will be notified of any changes in the approved plans and specifications for the project permitted herein.

OWNER / AGENT: _____ SIGNATURE _____

(PRINT NAME)

Total Sq. Ft. of Building: _____

NOTE: If the Plbg System(s) you are permitting serves only a small portion and not the entire building put the square footage of the area it serves. **The square footage is not required if you are only changing out a single component of a system.**

New Const - Permit Number: _____

Located in a Floodplain? Yes / No

Note: If you have the Project Permit Number you need not fill out the Owners Name, Address, or Phone #.

-----**(Circle those which apply)**-----

IS YOUR PROJECT: RESIDENTIAL- (House, Duplex or Townhome) OR 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: Assembly / Business / Educational / Fact-Ind / Hazardous / Institutional / Mercantile / Residential / Storage

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

Please CHECK below next to the description of work you are doing. If needed, please use the space below in (Details) to better describe your work. Please enter the number of fixtures in the building and the number of systems (**if more than one**).

- | | | |
|--|--|--|
| <input type="checkbox"/> Installing New Plumbing System(s) | <input type="checkbox"/> MH Connection | <input type="checkbox"/> Water Service |
| <input type="checkbox"/> Plumbing System Replacement | <input type="checkbox"/> Septic Tie-in | <input type="checkbox"/> Backflow Preventor |
| <input type="checkbox"/> Chg Out (1) Component/Fixture of Plbg Sys. | <input type="checkbox"/> Sewer | <input type="checkbox"/> Backflow Preventor (City Req) |
| <input type="checkbox"/> Adding to or Altering an Existing System | | <input type="checkbox"/> Other (see details below) |
| <input type="checkbox"/> Total Number of Fixtures Installed in Building | | |

DETAILS: _____

PAYMENT METHOD: CASH / CHECK(Payable to New Hanover Co) / BILL ACCOUNT / VISA / MC

(Office Use Only) PERMIT FEE \$ _____

