

Permit # _____

RED SPRINGS INSPECTION DEPARTMENT

PO Box 790, Red Springs, NC 28377

PLUMBING PERMIT

OWNER'S NAME _____ PHONE # _____

ADDRESS _____

LOCATION OF PROPOSED WORK

CONTRACTOR _____

CONTRACTOR ADDRESS _____

LICENSE # _____ CONTACT # _____

TYPE OF USE: RESIDENTIAL _____ COMMERCIAL _____

TYPE OF WORK: NEW _____ REPAIR _____

FIXTURES TO BE INSTALLED:

Water Closets _____	Floor Drains _____
Lavatories _____	Water Heater _____
Bath Tubs _____	Dish Washer _____
Showers _____	Clothes Washer _____
Sinks _____	Water Fountains _____
Laundry Tubs _____	Back Flow Devices _____
Urinals _____	Public Water _____
Mobile Home _____	Modular _____
Miscellaneous _____	

FEES:

Application Fee.....\$50.00

Technology Fee.....\$5.00

Total number of fixtures _____ x \$4.00 each = \$ _____

Total fee to be paid..... \$ _____

Request for inspections can be made by contacting the Red Springs Inspections Department between 8:00am & 5:00pm Monday thru Friday. The phone number is (910)843-5241 ext. 226

I hereby certify that all information in the application is correct and all work will comply with the North Carolina Plumbing Code and all other applicable State and local laws, ordinances and regulations. I will notify the Red Springs Inspection Department in the event there are any changes in the approved plans of this project.

Owner/Contractor Signature

Date of Application