

# PLUMBING PERMIT APPLICATION



## PROJECT INFORMATION

Property Address: \_\_\_\_\_ Property Owner: \_\_\_\_\_  
 Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

## PLUMBING CONTRACTOR INFORMATION (MUST BE REGISTERED WITH THE TOWN)

Are you the primary contractor or a subcontractor for this permit? ☐ Primary Contractor ☐ Subcontractor

Contact Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

NC License #: \_\_\_\_\_ Classification: \_\_\_\_\_ Expiration: \_\_\_\_\_

## SCOPE OF WORK (CHECK ALL THAT APPLY)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> New construction         | <input type="checkbox"/> Sewer service new/repair  | <input type="checkbox"/> New fixtures/appliances |
| <input type="checkbox"/> Add/replumb existing     | <input type="checkbox"/> Exterior plumbing         | <input type="checkbox"/> Commercial              |
| <input type="checkbox"/> Water service new/repair | <input type="checkbox"/> Water heater install/move | <input type="checkbox"/> Other (explain below)   |

## DESCRIPTION OF WORK (ATTACH ADDITIONAL SHEET IF NECESSARY)

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Project Cost (Labor + Materials): \_\_\_\_\_ Gate/Door/Lockbox Code: \_\_\_\_\_

Other Trade Contractors (if applicable): \_\_\_\_\_

## PLUMBING CONTRACTOR STATEMENT

*I, the undersigned, have read and understand the General Statutes pertaining to Plumbing Contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of a Plumbing Contractor upon this project. If I resign or am no longer affiliated with this said project, I will notify the Department of Planning and Inspections immediately by phone or in person, and in writing within three (3) working days. I will notify the Department with any major deviation from the scope of this permit application. Additionally, I attest that I have registered with the Town of Beech Mountain as a service provider and have no outstanding permit fees or fines. I understand that work started before obtaining proper permits will result in double permit fees.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATIONS IN PERSON TO TOWN HALL OR BY EMAIL TO [permits@townofbeechmountain.com](mailto:permits@townofbeechmountain.com)**

DATE RECEIVED	PERMIT NUMBER	CONTRACTOR REGISTRATION	FEE AMOUNT	DATE PAID	DATE ISSUED	APPROVAL INITIAL
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