



# TOWN OF HOPE MILLS

5770 ROCKFISH ROAD, HOPE MILLS, NORTH CAROLINA 28348-1848

TELEPHONE (910) 426-4100 FAX (910) 429-3386

[www.townofhopemills.com](http://www.townofhopemills.com)

## APPLICATION FOR PLUMBING PERMIT

**Project Location:**

STREET AND NUMBER	NAME OF SUBDIVISION	LOT NO	PARCEL #
-------------------	---------------------	--------	----------

Plumbing Contractor: \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

NC State License # \_\_\_\_\_ Classification \_\_\_\_\_ Limitation: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

**Description of Proposed Work:**

\*\*Please place number of items to be installed in block to the left of the category\*\*

		<b>Installation</b>		<b>Type of Sewer Disposal</b>		<b>Water Tap</b>		Size:
<b>Residential</b>	<b>New Construction</b>	<b>New</b>	<b>Sewer</b>	<b>Sewer Tap</b>	Size:			
<b>Commercial</b>	<b>Existing</b>	<b>Replacement</b>	<b>Septic Tank</b>	<b>Irrigation Tap</b>	Size			

<b>Bathtub</b>	<b>Dumpster Pad</b>	<b>Roof Drain</b>	<b>Washing Machine</b>
<b>Bidet</b>	<b>Floor Drain</b>	<b>Shower</b>	<b>Water Closet</b>
<b>Can Wash</b>	<b>Interceptor</b>	<b>Sink</b>	<b>Water Fountain</b>
<b>Dishwasher</b>	<b>Laundry Tub</b>	<b>Sump Drain</b>	<b>Water Heater</b>
<b>Disposal</b>	<b>Lavatory</b>	<b>Urinal</b>	<b>Whirlpool/spa</b>
<b>Other:</b>	<b>Other:</b>	<b>Other:</b>	<b>Other:</b>

Permit Fee: \_\_\_\_\_

Permit # \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date