

ALAMANCE COUNTY PLUMBING PERMIT APPLICATION

Master Permit Number _____

PROPERTY INFORMATION

Property Address _____ City, State, Zip Code _____

Property Owner Name _____ Property Owner Phone _____

Utility Owner Name _____ Utility Owner Phone _____

Subdivision Name _____ Subdivision Lot Number _____

Geographic Parcel Identification Number _____ Tax Map Number _____

Census Tract _____ Township _____

Jurisdiction _____ Zoning _____

- | | | | | |
|------------------------------------|-------------------------------------|--|--|---|
| <input type="checkbox"/> Watershed | <input type="checkbox"/> Flood Zone | <input type="checkbox"/> Flood Certification | <input type="checkbox"/> Farm District | <input type="checkbox"/> Corner Lot |
| Water Type: | <input type="checkbox"/> City Water | <input type="checkbox"/> New Well | <input type="checkbox"/> Existing Well | <input type="checkbox"/> Community Well |
| Sewage Type: | <input type="checkbox"/> City Sewer | <input type="checkbox"/> New Septic | <input type="checkbox"/> Existing Septic | |

CONTRACTOR INFORMATION

Contractor Name _____ Contractor Phone _____

Contractor Street Address _____ City, State, Zip Code _____

County Control Number _____ North Carolina License Number _____

- Owner is Contractor Owner Occupied

BUILDING INFORMATION

Work Description _____ Construction Cost _____

- | | | | | |
|------------------------|--|---|---|--|
| Building Use: | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Farm | |
| Building Type: | <input type="checkbox"/> New | <input type="checkbox"/> Existing | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Modular Home |
| Occupancy Type: | <input type="checkbox"/> 1 or 2 Family | <input type="checkbox"/> Apartments (3 or more) | <input type="checkbox"/> Assembly | <input type="checkbox"/> Assisted Living |
| | <input type="checkbox"/> Business | <input type="checkbox"/> Educational | <input type="checkbox"/> Factory/Industrial | <input type="checkbox"/> High Hazard |
| | <input type="checkbox"/> Hotel | <input type="checkbox"/> Institutional | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Storage |
| | <input type="checkbox"/> Utility/Maintenance | | | |

A photo ID is required to accompany all applicant signatures

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NUMBER OF FIXTURES

Kitchen Sink_____ Dishwasher_____ Disposal_____ Washing Machine_____ Laundry Sink_____

Bath Tub_____ Shower_____ Bar Sink_____ Lavatory_____ Water Closet_____

Bidet_____ Urinal_____ Water Heater_____ Spa / Hot Tub_____ Ice Maker_____

Gas Piping_____ Well Connect_____ Septic Connect_____ Building Drain_____ Floor Drain_____

Hub Drain_____ Condensate Drain_____ Soda Fountain_____ Drinking Fountain_____ Dental Unit_____

Sterilizer_____ Sewer Ejector_____ Grease Separator_____ Oil Separator_____ Sand Separator_____

Other_____

Total Fixtures_____ City Water Connect_____ City Sewer Connect_____

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

Applicant Printed Name_____ Applicant Phone_____

Applicant Signature_____ Date_____

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