

PLUMBING PERMIT APPLICATION

CATAWBA COUNTY PERMIT CENTER

25 Government Dr. / P.O. Box 389, Newton, NC 28658 Phone 828-465-8399 | Email: permitapps@catawbacountync.gov

PROPERTY INFORMATION	EXISTING PERMIT #:			
Property Address:			Parcel #:	
Property Owner Name:			Telephone:	
Mailing Address:			Fax:	
City, State, Zip:			Email:	
CONTRACTOR INFORMATIO	N			
Contractor Name:			Telephone:	
Applicant Name:			Telephone:	
Mailing Address:			Fax:	
City, State, Zip:			Email:	
State License #:	Cl	assification:	Federal ID#:	
Scope of Project:	□ Residential □ Commercial □ Replacement of Existing Like Fixture (s) # of fixtures: □ Installing New Fixture (s) # of fixtures: □ Gas Line: □ pressure test required Type of Gas: □ Other: □			
□ Optional Permit - (only applicable if the project meets the exemption under GS 143-138) Replacement of: □ Water Line □ Sewer Line □ Interior Drain Line □ Electric Water Heater				
			Emicino Diam Line	Edition water reater
Total Cost of Plumbing Wo	ork:	_		
hereby certify that all inform	nation in this application	is correct and all work wi	ll comply with the North Car	olina State Building Codes and all othe

applicable state and local laws, ordinances, and regulations. I understand that a Certificate of Compliance is required prior to occupying the premises, and I will notify the Building Services Department of any changes in the approved plans and specifications for the permitted project.

Plumbing Contractor's Signature Plumbing Contractor's Name (print or typed) Date