

# SCOTLAND COUNTY INSPECTION DEPARTMENT

507 WEST COVINGTON STREET

LAURINBURG, NORTH CAROLINA 28352

PHONE: 910-277-2415 AND 910-277-2428

## APPLICATION FOR PLUMBING PERMIT

DATE \_\_\_\_\_ COST OF WORK \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_ 911 ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

RENTER'S NAME (IF APPLICABLE) \_\_\_\_\_

### INSTALLATION:

PLUMBING CONTRACTOR \_\_\_\_\_ LICENSE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OWNER (OWNER PROPERTY NOT INTENDED FOR RENTAL, LEASE, SALE OR GIFT AND EXEMPT FROM LICENSED CONTRACTOR REQUIREMENTS)

### JOB DESCRIPTION REQUEST:

INSTALL     EXTEND     ALTER     OTHER \_\_\_\_\_

ITEM	NO.	ITEM	NO.	ITEM	NO.
WATER CLOSET	___	LAVATORIES	___	BATH TUB	___
SHOWER	___	SINK	___	URINAL	___
WATER HEATER (GAS)	___	LAUNDRY TRAY	___	WASHING MACHINE	___
DRINKING FOUNTAIN	___	FLOOR DRAIN	___	DISHWASHER	___
GREASE INTERCEPTION	___	SPECIAL DRAIN	___	WATER CONNECTION	___
WELL CONNECTION	___	MOP SINK	___	HUB DRAIN	___
OTHER _____	___	SEWER CONNECTION	___	LIFT PUMP	___

TOTAL FIXTURES \_\_\_\_\_ FEE \_\_\_\_\_

\*\*\*APPLICANT HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

NOTE: TO AVOID REINSPECTION FEE: CONTRACTOR/OWNER NEEDS TO MAKE ARRANGEMENTS FOR INSPECTOR TO GET INSIDE BUILDING WHEN REQUIRED.

NO REFUNDS AFTER PERMITS ARE ISSUED.

SIGNATURE OF PLUMBING CONTRACTOR/OWNER:

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