Town Municipal Building

112 Tazewell Street

Pearisburg, VA 24134

540.921.0340

OFFICE USE ONLY

Permit #:_____

Permit Fee: $_____

Plumbing Permit Application

Date:_____

Project Address and/or Tax Map #:_____City:_____Zip:_____

Property Owner:_____

Owner's Address:_____City:_____St:_____Zip:_____

Phone:_____Email (required): _____

Directions:_____

_____

Description of Work:_____

_____

Value of Construction (Materials and Labor): **$**_____

Who is doing the work? (Circle one): Contractor Homeowner

Homeowners doing their own work MUST submit a Homeowners Affidavit

*Office Use Only - Homeowner Affidavit Submitted? Yes / NO Date received:*_____

Contractor:_____

Contractor Address:_____City:_____St:_____Zip:_____

VA State License #:_____Main Contact Person:_____

_____Cell:_____ Office/Alt

Phone:_____Fax:_____**Email**:_____

Application is made herewith for a Plumbing Permit on the premise stated above. The applicant hereby agrees that all work will comply with the current VUSB, all state and local regulations and in accordance with approved plans. The applicant further attests that the information provided in the application is true and correct. Applications are processed in the order they are received and, if approved, you will be notified via phone or email. **Inspections require a 24 to 48 hour notice**.

Please sketch your plans here:

Applicant Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

Public Works Director Signature: _____ Date: _____

Notes: _____