City of Raeford Planning, Zoning & Code Enforcement

701 S Main St, Raeford NC 28376-3238
TELEPHONE (910) 875-5031 FAX (910) 875-1462
Email: flocklear@raefordnc.org
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APPLICATION FOR PLUMBING PERMIT

Project Location:

STREET AND NUMBER	NAME OF SUBDIVISION	LOT NO	PARCEL #

Plumbing Contractor: _____Phone Number: (____)____-____Cell phone: (____)____-_____

Address: _____City:_____State:_____Zip:_____

NC State License # _____ Classification _____ Limitation: _____

Property Owner: _____Phone Number: (____)____-____Cell phone: (____)____-_____

Address: _____City:_____State:_____Zip:_____

Email:_____

Description of Proposed Work:

Residential: __ Commercial:__ New: __ Existing: __ Replacement: __ Water: ___ Sewer: ___

*Septic Tank: _____ *** Requires additional approvals**

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

	Water Tap	Size:		Sewer Tap	Size:		Irrigation Tap	Size:

	Backflow Device		Dumpster Pad		Roof Drain		Washing Machine
	Bathtub		Floor Drain		Shower		Water Closet
	Bidet		Interceptor		Sink		Water Fountain
	Can Wash		Laundry Tub		Sump Drain		Water Heater
	Dishwasher		Lavatory		Urinal		Whirlpool/spa
	Disposal		*Fire Sprinkler* **$150.00**		Other:		Other:

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**