

# Plumbing Permit Application

Town of Topsail Beach

820 S. Anderson Blvd

Topsail Beach, NC 28445

Phone: (910)328-5194 Email: lvescovi@topsailbeach.org

Please Fill Out COMPLETELY

**Date:** \_\_\_\_\_ **Project Address:** \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Cellular#: \_\_\_\_\_

Email: \_\_\_\_\_ Expiration: \_\_\_\_\_

State License #: \_\_\_\_\_ Contact #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Occupancy Type: Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

Estimated Cost of Project: \_\_\_\_\_ Square Footage: \_\_\_\_\_

For Installation/Number of:

Bathtubs/showers: \_\_\_\_\_ Water Lines: \_\_\_\_\_

Water Closets: \_\_\_\_\_ Sewer Lines: \_\_\_\_\_

Lavatories: \_\_\_\_\_ Lift Station: \_\_\_\_\_

Water Heaters: \_\_\_\_\_ Other: \_\_\_\_\_

Total Number of Fixtures: \_\_\_\_\_

Description of Work:

FFor Office Use Only

Additional Comments: \_\_\_\_\_

Building Inspector: \_\_\_\_\_ Plumbing Fee: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Additional Fees: \_\_\_\_\_

Receipt #: \_\_\_\_\_ TOTAL RECEIVED: \_\_\_\_\_