



CAPE CARTERET DEPARTMENT OF INSPECTIONS PLUMBING PERMIT APPLICATION

Date: _____

Applicant: Home Owner Contractor

Project Address: _____

City: _____ State: _____ Zip: _____

Property Owner : _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail: _____

Plumbing Contractor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail: _____

Current City Privilege License: Yes No N/A _____

Plumbing License Number and Classification: _____

Description of Proposed Work: _____

Cost of Proposed Work: _____ Project Area: _____ SQFT

Water Lateral

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 and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the Project permitted herein.

Owner/Agent Signature: _____

**NOTE: Only ORIGINAL signatures will be accepted. NO photocopies or facsimilies.