

# ALEXANDER COUNTY INSPECTIONS

6125 NC Hwy 16 S Taylorsville, NC 28681 Phone: (828)632-1000 Fax: (828)632-1095

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## PLUMBING PERMIT APPLICATION

PROPERTY OWNER: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

DIRECTIONS TO PROPERTY: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

NUMBER OF PLUMBING FIXTURES: \_\_\_\_\_

CONTRACTORS MUST VERIFY WITH THEIR CONTRACTOR  
IDENTIFICATION NUMBER BEFORE ANY INSPECTIONS ARE MADE

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

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I certify that all of the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized representatives of Alexander County are granted right-of-entry to make evaluations or inspections and to release information upon public request.

I further understand that failure to abide by certain Stop Orders or other statutory requirements are punishable as a misdemeanor. All permits issued shall EXPIRE SIX (6) MONTHS after the date of issuance if work has not commenced. If work stops for a period of twelve (12) months, the permit shall EXPIRE. No work shall be performed until a new permit has been secured with fees paid.

X \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT

**-DO NOT WRITE BELOW THIS LINE-**

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Plumbing: \$ \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Cash or CK #: \_\_\_\_\_  
By: \_\_\_\_\_

Permit #: \_\_\_\_\_  
CIN taken by: \_\_\_\_\_  
Date: \_\_\_\_\_