

PERSON COUNTY INSPECTIONS DEPARTMENT
*****PLUMBING / FIRE SPRINKLER PERMIT APPLICATION*****
 325 S. MORGAN ST. SUITE A, ROXBORO, NC 27573
 PHONE: (336) 597-0570 FAX: (336) 598-6838
 Email applications to:
inspections@personcountync.gov

Plumbing / Fire Sprinkler Permit Number _____

Owner: _____	Type Payment: () cash () check # _____
Telephone: _____	() no charge () charge
Job Address: _____	Receipt # _____
Address Description: _____	
_____	Jurisdiction: () city () county
Contractor: _____	Tax Map: _____ Parcel #: _____
Address: _____	Contractors License Number: _____
City: _____ State: _____	Contractors License Class: _____
Zip Code: _____ Telephone: _____	Building Permit Number: _____

Type Occupancy: () Residential () Non-Residential () Other _____
Type Application: () New Construction () Addition () Replacement
Total Sq. Ft _____

PLUMBING ITEMS	# ITEMS	PLUMBING ITEMS	# ITEMS	PLUMBING ITEMS	# ITEMS
WATER CLOSETS		LAVATORIES		BATH TUBS	
SHOWERS		SINKS		WATER HEATER (ELEC NEW)	
WATER HEATER (GAS)		LAUNDRY TRAY		WASHING MACHINE	
DISHWASHERS		FLOOR DRAINS		URINALS	
DRINKING FOUNTAIN		SPECIAL DRAINS		WATER CONNECTION	
SEWER CONNECTION		SEPTIC TANK CONNECTION		HUB DRAINS	
GREASE INTERCEPTIONS		MOP SINK		PUMP	
OTHER:		CITY TAP (WATER)		CITY TAP (SEWER)	
FIRE SPRINKLER DETAILS:				TOTAL JOB COST	
TYPE OF SYSTEM(standard)				TOTAL PLUMBING ITEMS:	
# OF SPRINKLERS		TOTAL FIRE SPRINKLER FEES		TOTAL PLUMBING FEE \$	
WATER SUPPLY				PERMITTED BY:	

Notice: You are required to report this work when ready for inspection (we require a 24 hr. notice). All work to be done according to City, County and State Laws.

Requested by: _____ **Date:** _____
(Please Print)

Signature: _____