

ALEXANDER COUNTY INSPECTIONS DEPARTMENT

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

SINGLE TRADE PERMIT APPLICATION - **PLUMBING**

Applicants Name _____ Phone # _____

Property Owners Name _____ Phone # _____

Project Address

Rental Property: yes no **Rental property requires licensed contractors**

Job Description: _____

Plumbing Contractor

License # _____

Name (as licensed) _____ Phone # _____

Email _____ Address _____

City _____ State _____ Zip _____

PLUMBING (include all future fixtures in quantity)

Please also fill out "Fixtures Checklist"

- | | | |
|---|--|---|
| <input type="checkbox"/> Private well | <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Water Distribution / DWV (extension, repair) | <input type="checkbox"/> Public water supply | <input type="checkbox"/> Sprinkler System (Fire Marshall (828-632-9336) |
| <input type="checkbox"/> Modular Dwelling | <input type="checkbox"/> Water Heater Change-out (change of fuel source) | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Replace Tub Shower Combination | <input type="checkbox"/> Water Service | <input type="checkbox"/> Sewer Line |
| <input type="checkbox"/> Total quantity of fixtures: _____ (see note below) | | |

**** Note** Plumbing Fixture definition: A receptacle or device that is either permanently or temporarily connected to the water distribution system of the premises and demands a supply of water therefrom; discharges wastewater, liquid-borne waste materials or sewage either directly or indirectly to the drainage system of the premises; or requires both a water supply connection and a discharge to the drainage system of the premises.**

The undersigned hereby certifies that he/she is the licensee and certifies that all information in this form is correct and that all work will comply with the state code and all other applicable state and local laws, ordinances and regulations.

Plumbing Contractor's Signature

Date

Printed Name

Munis App. # _____

Parcel # _____

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Residential Plumbing Fixtures / Gas Appliances Checklist

CUSTOMER NAME:

Plumbing Fixtures

Gas Appliances

(please check the box to the left for the appropriate fixture, enter quantity at right)

√	Bathrooms	qty.
	Tub / Shower Combination	
	Tub only	
	Shower only	
	Bathroom Sink	
	Bidet	
	Toilets	
	Urinal	
	Other: _____	

√	Miscellaneous Locations	qty.
	Gas logs	
	Gas water heater	
	Gas grills (exterior)	
	Gas cooktop	
	Gas stove / oven	
	Clothes dryer	
	Sauna Heater	
	Pool and / or Spa heater	
	Unvented room Heater	
	Vented room heater	
	Unit Heater	
	Illuminating appliances	
	Ceramic Kiln	
	Infrared radiant heater	
	Gas-fired toilets	
	Gas-furnance	
	Boiler	
	Floor Furnace	
	Duct Furnace	
	Vented wall furnace	
	Other: _____	
	Other: _____	

Kitchens		
	Dishwasher	
	Kitchen Sink	
	Other: _____	

Laundry Room		
	Washing Machine	
	Utility Sink	
	Other: _____	

Misc.		
	Bar Sink	
	Other: _____	

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