

**TOWN OF SPRING LAKE PLUMBING PERMIT APPLICATION**

**PERMIT NO: P-** \_\_\_\_\_

Complete address where work will be performed: \_\_\_\_\_

Spring Lake, NC. 28390

Permit to be issued to: (Contractor/Business Name) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

NC License Number: \_\_\_\_\_

Complete Name of Property Owner: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_

**Class of Work:** New: \_\_\_\_\_ Addition: \_\_\_\_\_ Replacement: \_\_\_\_\_ Other: \_\_\_\_\_

Item	No:	Price	Item	No:	Price
Ant siphon Device/Arrestors			Lift Station		
Back Flow/Vacuum Device			Septic Tank/Pit		
Bathtub			Sewer Connection		
Bidet			Shower		
Boiler			Kitchen/Bathroom Sinks		
Clothes Washer			Slop Sink		
Dishwasher			Swimming Pool		
Drink Fountain			Temporary Water		
Floor Drain			Trap Primer		
Floor Sink			Urinal		
Garbage Disposal (Commercial only)			Walk in Cooler/Freezer		
Gas Appliances			Waste/Sand Intercept		
Gas Piping			Water Closet		
Grease Intercept			Water Heater		
Hot Tub			Water Piping		
Icemaker			Whirlpool		
Lavatory			Other		

\*\*A minimum permit fee will be charged if priced items total less then the minimum permit fee.

**Permit Fee** \$ \_\_\_\_\_

**Technology Fee** \$ 5.00

**Total Permit Fees** \$ \_\_\_\_\_

**Comments:** \_\_\_\_\_

YOU MUST CALL TO SCHEDULE AN INSPECTION AT PROPER STAGE (S) OF WORK.  
CALL THE INSPECTIONS DEPARTMENT AT (910) 436-0241 TO SCHEDULE AN INSPECTION.

**The undersigned hereby makes application for permit and inspection of work described, and agrees to comply with all applicable laws regulating the work performed.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Disapproved by \_\_\_\_\_ Date \_\_\_\_\_