

CITY OF MONROE
Building Standards Department
Plumbing Permit Application

APPLICANT: _____ **DATE:** _____

SITE INFORMATION:

Address: _____ Lot#: _____

Subdivision Name: _____

CONTRACTOR INFORMATION:

Contractor Name (as licensed): _____ Phone#: _____

Address: _____ City: _____ State: _____

Zip: _____ License # _____

OWNER'S INFORMATION:

Name: _____ Phone#: _____

Address: _____ City: _____ State: _____

Zip: _____ Any Building permit # associated with this permit: _____

UTILITIES:

Septic Existing Utility Company: _____

EQUIPMENT INFORMATION:

Number **Description** _____

_____ **Complete Renovation (residential)**

_____ Each Toilet Room

_____ Gas Line

_____ Water Heater Change Out

_____ Radiant Heat Systems

_____ Sprinkler System (1-100 heads) _____ (# of additional heads) _____

_____ Unclassified installations _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRINT APPLICANT'S NAME: _____

Method of Payment: Cash Check

Building Standards Department
300 W. Crowell Street
Monroe NC 28111
Tel: 704.282.4524 FAX: 704.282.4735