

**CITY OF MONROE**  
**Plumbing Permit Application**



**PROPERTY TYPE:**     \_\_\_\_\_ Residential     \_\_\_\_\_ Commercial

**ADDRESS:** \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Contractor Name (as licensed): \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ License # \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail: \_\_\_\_\_

**OWNER INFORMATION:**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Any Building permit # associated with this permit: \_\_\_\_\_

**UTILITIES:**

☐ Septic    ☐ Well    ☐ City    ☐ County    Utility Company: \_\_\_\_\_

**Scope of Work:**

<b><u>Number</u></b>	<b><u>Description</u></b>
_____	Complete Renovation (residential) _____ square feet
_____	Each Toilet Room
_____	Gas Line
_____	Water Heater Change Out
_____	Radiant Heat Systems
_____	Unclassified installations

**Total Project Cost \$** \_\_\_\_\_

**All residential inspections for dwellings covered by the NC Building and Residential Code will include verification of the presence of carbon monoxide alarms as required by City of Monroe Ordinance 150.10 (C)(1).**

*I certify that I am the property owner, am authorized to sign on behalf of the property owner, or am otherwise legally authorized to sign this application. I hereby certify that all information in this application is correct and that all work will comply with the North Carolina State Plumbing Code and all other applicable city ordinances, local laws and regulations of the State of North Carolina regulating such work and the specifications or plans submitted. By signing this application, I am certifying that I, the applicant, have full authority and license from the holder of the copyright to use the sealed plans, drawings, or diagrams submitted with this application, and I agree to indemnify and hold harmless the City of Monroe for any losses or claims incurred by the City arising from review and approval of such plans by the City of Monroe. I hereby affirm that the foregoing statements are accurate and correct to the best of my knowledge. By signing and submitting this document, I agree that all signatures where required may be Electronically Signed by either party pursuant to NCGS 66-315(b).*

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT APPLICANT'S NAME:** \_\_\_\_\_

Permit Center  
P.O. Box 69, Monroe NC 28111  
300 W. Crowell Street, Monroe NC 28112  
Tel: 704.282.4524 FAX: 704.282.4735