

# 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: \_\_\_\_\_

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

### Scope of Work:

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

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

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