

CITY OF MONROE
Building Standards Department
Plumbing Permit Application

PROPERTY TYPE: Residential Commercial

SITE INFORMATION:

Address: _____ Lot#: _____
Subdivision Name: _____

CONTRACTOR INFORMATION:

Contractor Name (as licensed): _____ Phone#: _____
Address: _____ City: _____ State: _____
Zip: _____ License # _____ Fax#: _____
E-mail: _____

OWNER'S INFORMATION:

Name: _____ Phone#: _____
Address: _____ City: _____ State: _____
Zip: _____ Any Building permit # associated with this permit: _____

UTILITIES:

Septic Existing Utility Company: _____

Total Project Cost: \$ _____

EQUIPMENT INFORMATION:

<u>Number</u>	<u>Description</u>
_____	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 _____

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).

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