City of Havelock
Planning and Inspections Department
PO Box 368 1 Governmental Ave.
(252) 444-6433 Email: permits@havelocknc.us

OFFICE USE ONLY
Application #: _____
Received: _____ By: _____

Plumbing Permit Application

Applicant: ☐ **Contractor** ☐ **Property Owner** ☐ **Tenant/Business** ☐ **Other**

Project Address: _____ ☐ Residential ☐ Commercial

Applicant:	**Property Owner** (*if different from Applicant*):
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:

Contractor Information

Plumbing Contractor:	
Contact:	
Address:	NC License #:
	Classification:
Phone:	**Signature:**
Email:	Date:

Project Information

Description of Proposed Work:	**Cost of Proposed Work:** $
	Project Area: Sq Ft
	☐ Water Lateral
	☐ Sewer Lateral

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all applicable State and Local Laws along with all City of Havelock Ordinances and Regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the permitted herein.

Applicant Signature: _____ **Date:** _____

Only ***ORIGINAL* signatures will be accepted**

For Office Use Only

Approved by Planning/Zoning Official:	**Date:**
Building Official Approval:	**Date:**