



**TOWN OF HOPE MILLS**  
 5770 ROCKFISH ROAD, HOPE MILLS, NORTH CAROLINA 28348-1848  
 TELEPHONE (910) 426-4100 FAX (910) 429-3386  
[www.townofhopemills.com](http://www.townofhopemills.com)

## Application for Plumbing Permit

**Project Information**

FULL ADDRESS	NAME OF SUBDIVISION OR BUSINESS	LOT #	PARCEL NUMBER

Plumbing Contractor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 NC State Contractors License Number: \_\_\_\_\_ Classification: \_\_\_\_\_ Limitation: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

BUILDING USE				INSTALLATION		TYPE OF DISPOSAL		Water Tap- size:	
Residential		New Construction		New		Sewer		Sewer Tap- size:	
Commercial		Existing		Replacement		Septic Tank		Irrigation Tap- size:	

**\*Please indicate the NUMBER of items to be installed below:**

Bathtub		Lavatory		Water Heater		Floor Drain		Other:	
Bidet		Shower		Whirlpool/Spa		Roof Drain		Other:	
Can Wash		Sink		Disposal		Sump Drain		Other:	
Dishwasher		Urinal		Dumpster Pad		Washing Machine		Other:	
Laundry Tub		Water Closet		Interceptor		Water Fountain		Other:	

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 other applicable state and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the projected permitted herein.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Permit Fee: \_\_\_\_\_

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