

Application for a PLUMBING PERMIT

P.O. Drawer 357 201 South Main Street Graham, NC 27253 (336) 570-6705 Fax (336) 570-6703 www.cityofgraham.com

Location		Contractor	
Street Address:		Contractor:	
Name of Owner:		Contact Name:	
Building Permit #, if applicable:		Phone #	Lic. #
New building	☐ Single Family or Duplex☐ Commercial or Multifamily	Mailing Address:	
Existing building		City, State, Zip:	
Type of Plumbing	Work	Applicant and Dro	singt Contact
Complete all that apply.		Applicant and Project Contact	
Indicate number of each type of fixture:		Name:	
Water Closets		Property Owner Contractor	
Bath Tubs		Other	
Lavatories		Mailing Address:	
Sinks		City, State, Zip:	
Heaters		Phone #	
Washers		Email:	
Drinking Fountains House Sewers		I hereby agree to begin the work herein specified at once and agree to notify the City of Graham Inspection Department immediately upon completion so a final inspection can be scheduled as required by law. I agree to conform to all applicable laws and ordinances of the City of Graham and the State of North Carolina and further state that all statements made herein are true. Signature of Applicant Date	
Dishwashers			
Showers			
Disposals			
Slop Sinks			
Ice Makers			
Septic Tanks			
Floor Drains		FOR OFFICE USE ONLY	
Storm Sewers		Total # Fixtures: Fee \$	Remarks:
Urinals		166 9	
Laundry Tubs			
Other:			
Othory			