## PLUMBING (Non-residential) Permit Application

ROCKY MOUNT DEVELOPMENT SERVICES THE CENTER OF IT ALL



Applicant Name:					Ema	ail:			
Project Address:				Subc	Subdivision:				
Developer:				Telephone:					
Property Owner:				Telephone:					
Plumbing Contractor:				State License #:					
Address:									
City:		State: Zip Code:		Τε		Telep	phone:		
Project Supervisor:						Telephone:			
Description of Work:									
Type of work: ( <i>Enter Quantity Beside Item)</i>									
			onnection			\$11.0	0	Water Cooler	\$ 11.00
Water Closet	\$11.0	<sup>D</sup> Floor Dra	Floor Drains			\$11.00		Sterilizer	\$ 11.00
Urinals	\$11.0	0 Garbage	Garbage Disposal			\$11.00		Dental Unit	\$ 11.00
Lavatory	\$11.0	<sup>D</sup> Dishwas	Dishwasher			\$11.00		Swimming Pool	\$ 65.00
Sink	\$11.0	<sup>0</sup> Washing	Washing Machine			\$11.00		Sprinkler Heads	\$ 1.25 ea.
Bathtub	\$11.0	D Electric \	Electric Water Heater			\$11.00		(Fire Protection)	
Shower Stall	\$11.0	0 Gas Wat	Gas Water Heater (up to			\$45.00			
Lawn Sprk Backflow	\$15.0	O Gas Coni	Gas Connection			\$26.00		# of additions:@	\$ 1.25
Water Connection	\$11.0	O Addition	Additional Connection			\$15.00 ea.		@ \$15.00	
Gas Meter Needed? Yes	_ No_	If yes: In	iches	Lbs		Total	Syster	n BTUs	

I hereby certify that all the information in this application is correct and all work will comply with the 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 project permitted herein. I further understand that this is not an authorization to begin work.

## Work may only commence after approval and issuance of the permit.

Applicant Signature:	
11 0	

\_\_\_\_\_ Date: \_\_\_\_\_

Minimum Fee is \$65.00

Failure to obtain permit \$250.00 fine.

## (Do not write below this line. For office use only.)

Received on/ By	Approved By Date:
Re-inspection Fee \$75.00   After Hours Inspection Fee \$75.00 per hour   (Minimum two-hour charge after normal working hours)	Fees + additions = TOTAL \$   Paid on// Staff Initials

Revised 1/20