YANCEY COUNTY APPLICATION FOR PLUMBING PERMIT

SITE ADDRESS _____ CASE # _____
SUBDIVISION/LOT # _____ PLM
DIRECTIONS: (PLEASE PRINT)) _____

OWNER_____ADDRESS_____
CITY_____STATE_____ZIP_____PHONE #_____
PIN # (REQUIRED):_____

JOB DESCRIPTION: Type of Building: New Existing Addition N/A
Equipment: New Replacement Repair

CONTRACT COST: $_____

PROPERTY USE: Single Family Two Family Apartments Condominiums Townhouse
Other (Library, Office, etc.)_____

CONTRACTOR (as licensed)_____PHONE # _____
ADDRESS _____CELL PHONE #_____
CITY _____STATE_____ZIP_____FAX # _____

LICENSE # _____ Class I Class II

UTILITIES: Burnsville City Water Private Well Community Well Other Municipal Water: _____
_____ Sewer Private Septic Tank Other: _____

DESCRIPTION		DESCRIPTION		DESCRIPTION	
APPLIANCES	**QTY**	**UTILITIES**	**QTY**	**OTHER**	**QTY**
Water Closet	____	Replace Water Lines	____	_____	____
Lavatory	____	Replace Sewer Lines	____	_____	____
Bathtub	____	Gas Piping	____	_____	____
Shower Stall	____			_____	____
Bidet	____				
Urinal	____	**SPECIAL EQUIPMENT**			
Kitchen Sink	____	Sprinkler System (lawn)	____		
Water Heater (gas)	____	Water Fountain	____		
Water Heater (elect.)	____	Floor Drain	____		
Clothes Washer	____	Water Filter	____		
Laundry Tub	____	Grease Trap	____	**PERMIT FEE**	_____

The undersigned herby certifies that he/she is either the owner or the authorized agent of the owner and hereby makes application for permit and inspection of work described and agrees to comply with all applicable laws regulating the work.

_____ _____ _____
Contractor's Signature Date Print Applicant's Name

Permit Approved By: _____

This permit will expire if work is not commenced and inspected within 6 months of the date of issue.

YANCEY CO BUILDING INSPECTOR
202 MEDICAL CAMPUS DRIVE
BURNSVILLE NC 28714
828-682-7833