

# PLUMBING (Residential) Permit Application

ROCKY MOUNT  
DEVELOPMENT SERVICES  
THE CENTER OF IT ALL



Applicant Name:		Email:	
Project Address:		Subdivision:	
Developer:		Telephone:	
Property Owner:		Telephone:	
Plumbing Contractor:		State License #:	
Address:			
City:	State:	Zip Code:	Telephone:
Project Supervisor:			Telephone:
Description of Work:			
Type of work: <i>Enter Quantity</i>			<i>Check One</i>
___ Electric Water Heater	\$ 11.00		New Construction Fees: ___ 1 Bath \$ 60.00 ___ 4.5 Bath \$ 168.00 ___ 1.5 Bath \$ 70.00 ___ 5 Bath \$ 178.50 ___ 2 Bath \$ 95.00 ___ 5.5 Bath \$ 189.00 ___ 2.5 Bath \$ 105.00 ___ 6 Bath \$ 210.00 ___ 3 Bath \$ 120.00 ___ 6.5 Bath \$ 215.00 ___ 3.5 Bath \$ 130.00 ___ 7 Bath \$ 225.00 ___ 4 Bath \$ 145.00 ___ 7.5 Bath \$ 240.00
___ Gas Water Heater	\$ 21.00		
___ Gas Connection (1 <sup>st</sup> )	\$ 21.00		
___ Add. Gas Connection	\$ 11.00		
___ Dishwasher	\$ 11.00		
___ Garbage Disposal	\$ 11.00		
___ Shower Stall	\$ 11.00		
___ Lawn Sprinkler	\$ 21.00		
___ Backflow			
___ Swimming Pool Fam.	\$ 53.00		
___ Water Closet	\$ 11.00		
___ Bathtub	\$ 11.00		
___ Lavatory	\$ 11.00		
___ Sink	\$ 11.00		
___ Sewer Connection	\$ 11.00		
___ Water Connection	\$ 11.00		
___ Floor Drains	\$ 11.00		
___ Washing Machine	\$ 11.00		
Gas Meter Needed? Yes ___ No ___ If yes: Inches ___ Lbs. ___ Total System 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: \_\_\_\_\_ 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 _____