

Town of Beaufort
Planning and Inspections
215 Pollock Street
Beaufort, North Carolina 28516
Office: (252) 728-2141 Fax: (252) 728-3982



PLUMBING SYSTEM PERMIT APPLICATION
(For installation, extension, or general repair)

PROPERTY OWNER INFORMATION:

Name: _____
Mailing Address, City, State, Zip: _____
Home Phone: (____) _____
Work Phone: (____) _____
Cell Number: (____) _____
Construction Site Address: _____
Site Parcel Number: _____
***Point of Contact for Job:** _____ (Name) _____ (Phone)

CONTRACTOR'S INFORMATION:

All contractors must obtain a privilege license to perform work inside the Town limits.*

General Contractor's Name: _____
Contractor's Mailing Address: _____
Phone Number: (____) _____
Town's Privilege License #: _____
State's Privilege License #: _____
Town of Beaufort Privilege License #: _____

PERMIT INFORMATION:

Fire Sprinklers Number of Heads: _____
Number of Fixtures: _____
Number of Water Heaters: _____
Number of Backflow/Vacuum Devices: _____
Irrigation System: _____ Yes _____ No
Line Size: _____
Total Estimated Project Value : \$ _____

Detailed Description of Work: _____

-PLEASE READ BEFORE SIGNING-

The applicant hereby certifies that the information as shown on this application, plans, and specifications that have been submitted, are correct and true to his or her knowledge. The applicant also agrees to comply with the said information as approved, with the provisions of all ordinances and building codes in the State of North Carolina, County of Carteret, and the Town of Beaufort. Misinformation, lack of information, or statements made in error or falsehood could result in the permit being revoked, and will subject the application to litigation in the process. Demolition must begin within 6 months of the permit issue date, unless other restrictions apply, or the permit becomes null and void.

Owner/Contractor

Date