BUNCOMBE COUNTY APPLICATION FOR PLUMBING PERMIT

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

CASE #
PLM

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 1 ☐ Class II

UTILITIES: ☐ Asheville City Water ☐ Private Well ☐ Community Well ☐ Other Municipal Water: _____
☐ MSD Sewer ☐ Private Septic Tank ☐Other: _____

DESCRIPTION QTY

Water Heater (Gas) _____
Water Heater (Elec) _____
Replace Water Lines _____
Replace Sewer Lines _____

Other: (Description of Work)
_____
_____
_____

Check Below if Installing Gas Piping:

*Gas Piping _____
*CSST Gas Piping _____

REQUIRED FOR CREDIT CARD PURCHASE
CVC/CID/CVV2: ___ ___ ___
(3-digit code located on back of the card)

***Electrical Permit required on all Gas Piping**

PERMIT FEE _____

The undersigned hereby 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

Buncombe County Permits & Inspections
30 Valley Street
Asheville, NC 28801
Phone: 828-250-5360
Fax: 828-250-6082

Permit Approved By: _____

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