

Plumbing Permit Application

Town of Topsail Beach
810 S. Anderson Blvd
Topsail Beach, NC 28445
Phone: (910)328-5194 Email: smoore@topsailbeachnc.gov

Please Fill Out COMPLETELY

Date: _____ **Project Address:** _____

Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Telephone#: _____

Plumbing Contractor: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone#: _____ Cellular#: _____

Email: _____ Expiration: _____

State License #: _____ Contact #: _____

Signature: _____ Date: _____

Occupancy Type: Residential: _____ Commercial: _____

Estimated Cost of Project: _____ Square Footage: _____

For Installation/Number of:

Bathtubs/showers: _____ Water Lines: _____

Water Closets: _____ Sewer Lines: _____

Lavatories: _____ Lift Station: _____

Water Heaters: _____ Other: _____

Total Number of Fixtures: _____

Description of Work:

FFor Office Use Only

Additional Comments: _____

Building Inspector: _____ Plumbing Fee: _____

Date Approved: _____ Additional Fees: _____

Receipt #: _____ TOTAL RECEIVED: _____