

MACON COUNTY Plumbing APPLICATION
INFORMATION IS REQUIRED BEFORE A PERMIT CAN BE ISSUED

Parcel # _____

Owners Name: _____ Phone _____

Owners Address: _____

Job Address: _____

Directions to Job Site including gate code if applicable: _____

Type of Plumbing Construction _____

Square Footage: _____

Plumber: _____

License #: _____ Phone #: _____ Cell # _____

****** Plumbing added to an Existing Building******

Building Intent: _____

BY SIGNING THIS DUCUMENT I AGREE THE POWER FOR THE EXSISTING BUILDING IS ONLY FOR THE INTENDED BUILDING AND THE PURPOSE STATED AND THE SQUIRE FOOTAGE LISTED ON THE PERMIT IS ACCURATE. I UNDERSTAND THE MACON COUNTY INSPECTIONS HAS THE RIGHT AND MY PERMISSION TO REMOVE POWER FROM THIS STRUCTURE IF THESE TERMS ARE VIOLATED.

Building Square Footage: _____

IF PERMIT IS GRANTED, I AGREE TO COMFORM TO THE NORTH CAROLINA STATE BUILDING CODE AND TO ALL COUNTY ORDINANCES AND THE LAWS OF THE STATE OF NORTH CAROLINA REGULATING SUCH WORK

Signature of Applicant: _____ Date: _____