

AVERY COUNTY INSPECTIONS DEPARTMENT
P.O. BOX 596
NEWLAND, NC 28657

TELEPHONE: (828) 733 8204

FAX: (828) 733-7003

PLUMBING PERMIT

Owner's name: _____ Date: _____

Address: _____

Location of Project: _____

Description of Work: _____

Contractor Name: _____

Address: _____

Telephone/Cell Number _____ E-Mail: _____

License Number: _____ Classification: _____

Design Professional: Yes _____ No _____ N.C. Reg. # _____

Fee: _____ Paid: _____

Owner/Contractor

Date

COUNTY OF AVERY
BUILDING INSPECTIONS DEPARTMENT
AVERY COUNTY COURTHOUSE ANNEX

P.O. Box 596
Newland, NC 28657

Telephone: 828 733-8204
Fax: 828 733-7003

FAX 733-7003

PLUMBING CONTRACTOR LICENSE CHECK & REGULATION SHEET

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

N.C. STATE LICENSE NUMBER: _____

PROJECT INFORMATION

PROPERTY OWNER: _____

LOCATION OF JOB: _____

BUILDING OR UNIT: _____

I, the undersigned, have read and understand the N.C. General Statutes pertaining to Plumbing Contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of a plumbing contractor upon this project. If I resign or am no longer affiliated with this project, I will notify the Avery County Department of Inspections immediately by phone or in person, and in writing within three (3) working days.

SIGNATURE: _____

DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____.

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES: _____