

AVERY COUNTY BUILDING INSPECTIONS DEPARTMENT
AVERY COUNTY COURTHOUSE
ROOM #102

P.O. BOX 596
NEWLAND, NC 28657

TELEPHONE: (828) 733-8204
FAX: (828) 733-7003

PLUMBING CONTRACTOR LICENSE CHECK & REGULATION SHEET

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

N.C. STATE PLUMBERS LICENSE NUMBER: _____

PROJECT INFORMATION:

PROJECT 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 INSPECTIONS DEPARTMENT IMMEDIATELY BY PHONE OR IN PERSON AND IN WRITING WITHIN THREE (3) DAYS.

SIGNATURE: _____ DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC DATE

MY COMMISSION EXPIRES: _____