

# TOWN OF LAKE WACCAMAW INSPECTIONS DEPT.

205 Flemington Dr. Lake Waccamaw North Carolina 28450  
 Office 910-646-3700 Fax: (910) 646-3860 Monday to Friday 8:00 to 5:00

## PLUMBING PERMIT APPLICATION

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

North Carolina Plumbing License # \_\_\_\_\_

Location Of Work: \_\_\_\_\_

Type Of Work: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Description OF Work: \_\_\_\_\_

XX

### Fixtures To Be Installed

Type	#	Type	#
Water Closets	_____	Gas Piping	_____
Lavatories	_____	Urinals	_____
Bath Tubs	_____	Water Fountains	_____
Showers	_____	Floor Drains	_____
Tub/ Shower Unit	_____	Back Flow Device	_____
Sinks	_____	Yard Sprinkler( # of heads)	_____
Dish Washer	_____	Modular	_____
Garbage Disposal	_____	Mobile Home(single wide)	_____
Clothes Washer	_____	Mobile Home(double / triple)	_____
Laundry Tub	_____	County Water	_____
Water Heater	_____	Sewer Line Replacement	_____
Hose Bibbs	_____	Other _____	_____
Fire Sprinkler System --- Sq. Footage Of Area To Be Sprinkled	_____		
Miscellaneous	_____		

### Owner, Contractor, Agent Agreement;

I do hereby certify that all information in this application is correct and that all work will comply with the International Plumbing Code for the State of North Carolina and all other State and Local Codes. In the event that changes are made different than this application I will notify the Lake Waccamaw Inspections Department.

\_\_\_\_\_  
 Owner, Contractor, Agent

\_\_\_\_\_  
 Date Of Application

Call ( 910 ) 646-3700 To Schedule All Inspections

Closed 12:00 pm To 1:00 pm For Lunch

**All Permits Expire Within 6 Months From Date Of Issuance If An Inspection Has Not Been Made.**