

**PLUMBING PERMIT APPLICATION
CITY OF GOLDSBORO INSPECTIONS DEPT.**

Date: _____

I do hereby make application for permit to install or do plumbing work, as described below, in accordance with the ordinance governing same.

Project Address: _____

Name & Address of Property Owner: _____

	Quantity
Residential Water Piping Rough In	_____
Residential Sewer Rough In	_____
Bath Tub	_____
Shower	_____
Laundry Tub	_____
Lavatories	_____
Water Closet	_____
Urinal	_____
Slop Sink	_____
Kitchen Sink	_____
Drinking Fountains	_____
Dish Washer	_____
Floor Drain	_____
Water Heater	_____
Washing Machine	_____
Backflow Preventor	_____

Square footage of work area: _____

Cost of Job: _____

I understand that I am responsible for doing all plumbing work at the above address and by signing this form, I certify that all information provided above is accurate. I also understand that I must call the automated inspection system at 1-866-701-3308 to enter my inspections.

Company Name: _____

Signed: _____ State License #: _____

Additional comments: _____
