

**SURRY COUNTY INSPECTION DEPARTMENT  
122 HAMBY RD  
DOBSON, NC 27017**

**PHONE: 336-401-8300  
FAX: 336-401-8320**

**PLUMBING APPLICATION**

This signed application will become

Permit # \_\_\_\_\_

DATE \_\_\_\_\_

Name of Owner \_\_\_\_\_ 911 Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Renter's Name (If Applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Directions to Property \_\_\_\_\_  
\_\_\_\_\_

EXISTING BUILDING PERMIT NO (If Applicable) \_\_\_\_\_

**NOTE: (A) To avoid an extra \$30 fee, if building will be locked, give location where inspector may find key.**

**(B) This permit must be issued by this office before any work is performed or any inspection done.**

**Job Description:**

New ( ) Addition ( ) Type ( ) \_\_\_\_\_ Remodel ( ) Type \_\_\_\_\_

City Water Hook Up ( ) Other (Describe) \_\_\_\_\_  
\_\_\_\_\_

Contractor Name (as on License) \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ License No. \_\_\_\_\_ Class I ( ) Class II ( )

**I hereby certify that all information in this application is correct to the best of my knowledge and that all work will comply with the N.C. State Building Code and all other State and Local Laws, Ordinances and Regulations. I will notify the Surry County Inspections Department of any changes in the approved plans and specifications for the project permitted herein. My signature gives consent for Inspection Department personnel to enter this property for the purpose of conduction necessary inspections.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_