



**Plumbing Single Trade
Commercial and Residential**

Fee: \$80 – Residential
 Fee: \$100 – Commercial
 (Revised 09/2019)

<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
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Permit Information

This application must be completed in full and submitted with the associated fee listed in the Village’s Fees and Charges Schedule, which can be accessed at www.vopnc.org/Home/ShowDocument?id=10100.

Intake Information

Property Address	
Street Address	
City, State, Zip Code	
Parcel ID #	

Owner Information			
Name		Home Phone #	
Street Address		Mobile Phone #	
City, State, Zip Code		Business Phone #	
Email			

Licensed Professionals		
(License #s must include all letters and numbers as filed with the NC Licensing Board)		
	Plumbing (Required)	Electrical
License #		
Name		
Street Address		
City, State, Zip Code		
Phone #		
Email		

Applicant			
Name		Other Phone #	
Email		Street Address	
Mobile Phone #		City, State, Zip Code	



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General Information

Description of Work	
Type of Work	<input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> New
Job Cost	
Type of Use	<input type="checkbox"/> 1-2 Family Dwelling <input type="checkbox"/> Accessory Building
	<input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Other
	<input type="checkbox"/> Commercial/Industrial
Located in a Flood Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, requires a Floodplain Development Permit)

Plumbing Equipment Information (All Fields Required)

# of Bathrooms		Backflow Preventer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Heater	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Heater Type	<input type="checkbox"/> Electric <input type="checkbox"/> Gas
Septic System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Fixtures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Water Well	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Protection Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interior Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Provider	
Drainage/Vent Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sewer Provider	
Lawn Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description (If Other):	

Zoning Information

Zoning District	
Overlay District	<input type="checkbox"/> Historic Preservation Overlay District <input type="checkbox"/> N/A <input type="checkbox"/> Pinehurst South Overlay District

Notice to Applicant

By completing and submitting this application, you certify that this application and submittal is complete and accurate.

Applicant Signature: _____ Date: _____