



COUNTY OF RANDOLPH
Department of Building Inspections
204 E Academy St • Asheboro, NC 27204-0771

PLUMBING PERMIT APPLICATION

Date: _____
Parcel number: _____
Application number: _____

Job contact name: _____
Job contact phone number: _____
Job contact e-mail: _____

Owner: _____
Address: _____
City, ST ZIP: _____

LOCATION INFORMATION:

Address of work site: _____

CONTRACTOR INFORMATION:

Contractor: _____
Phone number: _____ License number: _____

PLUMBING INFORMATION:

Type of Use (select one): _____
Type of Structure (select one): _____
Class of Work (select one): _____
Number of Bathrooms: _____ Total number of fixtures: _____
Plumber installing gas line: _____ Same Contractor doing electrical: _____
Regulator pressure: _____ Electrical License #: _____

DESCRIPTION OF WORK/ COMMENTS: _____

***** PLUMBING INSTALLATION SHALL MEET ALL APPLICABLE STATE BUILDING CODES. *****

The undersigned contractor does hereby affirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- _____ has/have three (3) or more employees and have obtained Workers' Compensation insurance to cover them,
- _____ has/have one or more subcontractor(s) and have obtained Workers' Compensation insurance covering them,
- _____ has/have one or more subcontractor(s) who has/have their own policy of Workers' Compensation covering themselves,
- _____ has/have not more than two (2) employees and no subcontractors,

LOCAL TELEPHONE NUMBER
Asheboro: (336) 318-6565

<http://www.randolphcountync.gov>

while working on the project for which the permit is sought. It is understood that the Inspection Department issuing the permit may require certificates of coverage of Workers' Compensation insurance prior to issuance of the permit and **at any time during the permitted work from any person, firm or corporation carrying out the work.**

The undersigned hereby makes application as designated above, and agrees to all applicable laws of Randolph County, the State of North Carolina and any valid, applicable restrictive covenants/deed restrictions on the property where the construction will occur. The undersigned further states that all statements made hereon are true.

Signature of Contractor or Owner

***Any disagreement with a decision made by a Building Safety Official
may be brought before the Director of Building Inspections for review.
You can schedule an informal internal review at (336) 318-6595.***