

**TOWN OF PINE KNOLL SHORES
100 MUNICIPAL CIRCLE
PINE KNOLL SHORES, NC 28512
PLUMBING PERMIT APPLICATION**

HOMEOWNER:	PHONE #: ()
PROJECT ADDRESS:	

CONTRACTOR INFORMATION

CONTRACTORS NAME:	
ADDRESS:	
PHONE #	NC LIC #
EMAIL:	

DESCRIPTION OF PROJECT

SCOPE OF WORK:
TOTAL PROJECT COST: (INCLUDED LABOR AND MATERIALS) \$ _____

TOTAL PERMIT FEE: \$ _____

I hereby certify that all information in this application is correct and all work will comply with the STATE BUILDING CODE and all other applicable STATE AND PINE KNOLL SHORES LAWS and REGULATIONS. The INSPECTIONS DEPARTMENT will be notified of any changes in the approved plans and specifications for the permitted project herein.
OWNER/AGENT: _____