



**COUNTY OF RANDOLPH**  
 Department of Building Inspections  
 204 E Academy St • PO Box 771 • 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):     Commercial     Farm     Residential  
 Type of Structure (select one):     Accessory     Apartments     Duplex     Farm Service  
     Mobile     Modular     Moved House     Other  
     Pool     Sign     Site Built     Solar  
     Tower     Townhouse  
 Class of Work (select one):     Addition     New     Renovation  
 Number of Bathrooms: \_\_\_\_\_  
 Plumber installing gas line:     No     Yes  
 Regulator pressure:     2 pounds     5 pounds     Inches     Over 5 pounds  
 Total number of fixtures: \_\_\_\_\_  
 Same Contractor Doing Electrical:     No     Yes – Must provide license number  
 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,

LOCAL TELEPHONE NUMBER  
 Asheboro: (336) 318-6555  
<http://www.randolphcountync.gov>

- \_\_\_\_\_ 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,

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.

***Fax completed applications to (336) 636-7575 or e-mail to [permits@randolphcountync.gov](mailto:permits@randolphcountync.gov).  
We will call you to collect payment information once application is keyed.***

\_\_\_\_\_  
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 contact David Bryant, Director of Inspections, at 336 318-6366 to schedule an informal internal review.***