

Application # _____

Craven County Inspections Department
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www.cravencountync.gov

Craven County



PLUMBING (STAND ALONE) PERMIT APPLICATION

Date: _____

PERMIT FEE: \$ _____

APPLICANT/CONTRACTOR:

Name: _____ *Contractor License (if applicable)#: _____

Address: _____

Phone: _____

PROPERTY OWNER:

Name: _____ Address: _____

City: _____ Phone: _____ Parcel I.D. # _____ - _____ - _____

JOB SITE ADDRESS: _____

DIRECTIONS: _____

TYPE OF PLUMBING PERMIT: Residential _____ Commercial _____

Installing fixture(s):

Tub _____	Laundry Tub _____	Bar Sink _____
Shower _____	Urinal _____	Whirlpool _____
Lavatory _____	Washing Machine _____	Hot Tub _____
Kitchen Sink _____	Dishwasher _____	Garbage Disposal _____
Water Heater _____	Water Closet _____	

TOTAL FIXTURES INSTALLED _____

Installing Sewer Line _____

Other (please explain) _____

Applicant/Owner Signature: _____ Date: _____