



Richmond County Building Inspection Department

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Rockingham, NC 28379

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Telephone: (910) 997-8204

Fax: (910-997-8206)

Plumbing Permit Application

Owner/Project Name: _____

Owner/Project Address: _____

Phone Number: _____

Driving direction from nearest major highway:

Type of work to be done: _____

____ Residential ____ Commercial Project Cost: _____

Number of Fixtures, Water Heaters, Floor Drains, etc _____

Plumbing Contractor: _____

Address: _____

Phone #: _____ Email:: _____

State License #: _____

I hereby certify that the above statements are true and all work is being performed under the State License number above.

Contractor's Signature: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____

