Permit	#	
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Permit Fee: \$_____

Swansboro Inspection Department 601 W. Corbett Ave. Swansboro

Telephone: 910.326.4428 FAX: 910.326.3101

Plumbing Permit Application

Street	Owner Nam	e:		Cell Phone:		
City:State:Zip:	Street		City	St	ate: Zip:	
City:	Email:					
Directions to property:	Job Address	: (physical): Street				
Contractor Name:	City:			State:	Zip:	
Mailing Address: Street	Directions to	o property:				
Email:	Contractor N	Name:		ell #:	License #	
Project Cost: \$ Type of Work (circle one): New OR Repair Description of Work Any work that fails inspection requires a \$60 reinspection fee. The fee must be paid PRIOR to reinspection. *Any work that begins without a permit will pay double fee* I certify that all information in this application is correct, and all work will comply with state and local codes, laws, and ordinances. The inspection department will be notified of any changes prior to work. Dwner/Agent Signature Date Email this application to Jackie Stevens: jstevens@ci.swansboro.nc.us ***********************************	Mailing Add	ress: Street				
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**************************************	Owner/Age	nt Signature		Date		
		Email this a	pplication to Jackie Stevens: jstev	vens@ci.swansbor	o.nc.us	
ETJ Town Zoning Flood Historic District	**************************************					
	ETJ	Town	Zoning Flood	Historic Dis	trict	