



City of Southport

Work Sheet  
Application for Plumbing Permit

Fax back to 910-457-7957

Please fill out completely before applying for permit:

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

Location by Road: \_\_\_\_\_

Owner's Name and Address: \_\_\_\_\_

Owner's City, State, Zipcode: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Plumbing Contractor's Name: \_\_\_\_\_

Plumbing Contractor's Address: \_\_\_\_\_

Plumbing Contractor's City, State, Zip: \_\_\_\_\_

Plumbing Contractor's Phone Number: \_\_\_\_\_ License Number: \_\_\_\_\_

Plumber in Charge: \_\_\_\_\_ Plumbing Contractor's Fax Number: \_\_\_\_\_

Estimated Job Cost: \_\_\_\_\_

Appliance	Number	Appliance	Number
Bath Tubs:	_____	Sewer Ejector:	_____
Showers:	_____	Drink Fountain:	_____
Water Closets:	_____	Soda Fountains:	_____
Urinals:	_____	Bidet:	_____
Lavatories:	_____	Water Tap:	_____
Sinks:	_____	Sump Pump:	_____
Service Sinks:	_____	Wall Hydrants:	_____
Dishwashers:	_____	Misc:	_____
Washing Machines:	_____	Misc:	_____
Water Heaters:	_____		
Floor Drains:	_____	Total Fixtures:	_____
Water Tanks:	_____		
Sewer:	_____		

Permit Requested By: \_\_\_\_\_