



Fax: 919-553-1720

Permit#: _____ Received: _____
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**TOWN OF CLAYTON**  
 Engineering & Inspections  
 111 E. Second St., P.O. Box 879  
 Clayton, NC 27528  
 Phone: 919-553-5002

**PLUMBING IRRIGATION PERMIT**

*Application Review: Staff will review application for completeness within 24 hours of submission. Applicants will be notified to pick up incomplete applications and re-submit once the application packet is complete.*

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Subdivision/Development: \_\_\_\_\_ Lot#: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Project Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LOCATION INFORMATION**

Project Address: \_\_\_\_\_  
 Description of Proposed Work: \_\_\_\_\_

Floodplain Onsite: Yes \_\_\_ No \_\_\_ Stream/wetland Onsite: Yes \_\_\_ No \_\_\_  
*\*If checked "yes" please provide Flood Plain Development Permit*

Type of Permit: Commercial Plumbing \_\_\_ Residential Plumbing \_\_\_

Total Project Cost: \$ \_\_\_\_\_

Size of Water service and meter: 3/4" \_\_\_ 1" \_\_\_ 1-1/2" \_\_\_ 2" \_\_\_ other? \_\_\_\_\_

**WATER UTILITY PROVIDER**

Water Source: Town Of Clayton Utility \_\_\_ Johnston County Water Utility \_\_\_ Other: \_\_\_\_\_

*\*If septic system is present, a copy of the permit **MUST** be provided from Johnston County Environmental Health.*

**PLUMBING/ IRRIGATION CONTRACTOR INFORMATION**

Complete all additional information for Plumbing Irrigation Permit noted.

**Irrigation Plumbing Permit: Total Cost of Plumbing Project \$**\_\_\_\_\_

Plumbing Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**NC PLUMBING** License #: \_\_\_\_\_ Classification: \_\_\_\_\_

Irrigation Contractor (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Irrigation License #: \_\_\_\_\_

**The following documents are required prior to permit issuance:**

- Cost of plumbing project provided
- All plan reviewers have signed off on approvals
- Fee paid at pick-up

**SIGNATURES**

I/We hereby certify that all information in this application is correct and all work will comply with the State Plumbing Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department shall be notified of any changes in the approved plans and specifications for the project permitted herein.

II/We further certify that I/We have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I/We understand this application, related material and all attachments become official records of the Town of Clayton, North Carolina, and will not be returned.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**Staff Approval:**

\_\_\_\_\_  
Inspector's Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
CO Final

\_\_\_\_\_  
Date