



TOWN OF BRIDGETON
Plumbing Permit Application

Office Use Only: Assigned Permit Number _____ - _____

Project Address: _____

Please note: The Site Address must be visible from the street.

Contractor or Owner: _____

Mechanical Contractor: _____ License Number: _____

Project Contact: _____

Phone Number: _____ Email: _____

Residential: Commercial :
New : Replacement: Renovation:

PERMIT FOR:	
Water Closets	
Urinals	
Bathtubs/showers	
Lavatories	
Washing Machines	
Laundry Sinks	
Water Heaters	
Kitchen Sinks	
Dishwashers	
Disposals	
Ice Machines	
Water Fountains	
Floor Drains	
Other	
Total Number of Appliances	

Description of work: _____

APPLICANT CERTIFICATION:

ALL fields must be completed, or the application will not be accepted.

Applicant Signature: _____ Date: _____

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202 North B Street - Bridgeton, NC 28519

Phone: 252 637-3697

Email: planningandzoning@townofbridgeton.org