WATAUGA COUNTY

Department of
Planning & Inspections

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WATAUGA COUNTY PLANNING & INSPECTIONS DEPARTMENT

PLUMBING CONTRACTOR LICENSE CHECK AND REGULATION SHEET

Plumbing Contractor:

Name: _____

Business Name: _____

Business Address: _____

_____

Business Phone: _____

NC State License Number: _____

Project Information:

Property Owner: _____

Location of Job: _____

Building or Unit #: _____

I the undersigned have read and understand the General Statutes pertaining to Plumbing Contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of a plumbing contractor upon this project. If I resign or am no longer affiliated with this project, I will notify the Department of Planning and Inspections in Watauga County immediately by phone or in person, and in writing within three (3) working days.

Signature: _____

Date: _____