

STOKES COUNTY
APPLICATION FOR PLUMBING

DATE: _____

NAME OF OWNER: _____ Phone: _____

ADDRESS: _____

LOCATION OF PROPERTY: _____

TYPE OF INSPECTION: PLUMBING

MINIMUM INSPECTION \$60.00

DESCRIPTION OF WORK TO BE DONE: _____

PLUMBING CONTRACTOR:

NAME: _____ LICENSE# _____

ADDRESS: _____ PHONE# _____

Check Payment Send to:

Stokes County Inspections
PO Box 20
Danbury, NC 27016

Credit Card Payment Fax or email to:

Fax: 336-593-5434

Email: jpotter@co.stokes.nc.us OR klandreth@co.stokes.nc.us

Name on Card: _____

MC _____ Visa _____ Discover _____ Other _____

Card #: _____ Expiration Date: _____

Zip Code: _____ Amount: _____

Signature

Date