



Date \_\_\_\_\_

**PLUMBING PERMIT APPLICATION**

Enter the number of Fixtures being Installed, Replaced or Repaired

Tub/showers		Laundry Tubs		Grease Traps
Shower Stalls		Dishwashers		Back Flow Preventers
Lavatories		Garbage Disposals		Water Pumps
Toilets		Drinking Fountains		Parking Lot Drains
Urinals		Floor Drains		Inside Downspout
Bidets		Water Heaters		
Sinks		Water Softeners		
Sewer Line		Sewage Ejectors		
Water Line		Sump Pumps		

WATER SERVICE SIZE \_\_\_\_\_ IN.

TOTAL NO. OF FIXTURES \_\_\_\_\_

INSTALL LATERAL OR DRAINAGE	MATERIAL TYPE	DIAMETER	LENGTH	NO. CLEANOUTS	INSTALL WATER SERVICE	MATERIAL TYPE	DIAMETER	LENGTH
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**IDENTIFICATION - To be completed by all applicants**

	Name	Mailing Address
1. Owner or Lessee		
	Telephone No.	
2. Contractor		
	Telephone No.	PA License No.
3. Architect or Engineer		
	Telephone No.	

I hereby certify that the proposed work is authorized by the owner of record, that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Application Date
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**VALIDATION**

PERMIT ISSUED _____ 20____	<p><b>FOR DEPARTMENT USE ONLY</b></p> <p>Use Group _____</p> <p>Fire Grading _____</p> <p>Live Loading _____</p> <p>Occupancy Load _____</p>
PERMIT FEE \$ _____	
PLAN REVIEW FEE \$ _____	
CHECK NO. _____	
CASH \$ _____	
DATE _____	<p>Approved by: _____</p> <p>_____</p> <p>TITLE _____</p>