



TOWNSHIP OF BETHEL

Delaware County, Pennsylvania
 1092 Bethel Road
 Garnet Valley, PA 19060

Phone: 610-459-5565
 Fax: 610-459-5569
 www.twp.bethel.pa.us

APPLICATION FOR PLUMBING PERMIT

IMPORTANT - APPLICANT TO COMPLETE ALL ITEMS

LOCATION OF BUILDING	AT (LOCATION) _____	ZONING DISTRICT _____
	SUBDIVISION _____ LOT _____ BLOCK _____	LOT SIZE _____

TYPE AND COST OF BUILDING

TYPE OF IMPROVEMENT

- 1 New Building
- 2 Addition *(If residential, enter number of new housing units added, if any, in PROPOSED USE, No. 10)*
- 3 Alteration *(See 2 above)*
- 4 Repair, Replacement
- 5 Porch

OWNERSHIP

- 6 Private
(Individual, Corporation, Non-profit Institution, etc.)
- 7 Public
(Federal, State, or Local Government)

PROPOSED USE - For "Wrecking" - most recent use

Residential

- 8 One or Two Family
- 9 Two or More Family - *Enter number of units* _____
- 10 Garage
- 11 Other - *Specify*

Non-residential

- 12 Amusement, Recreational
- 13 Church, Other Religious
- 14 Industrial
- 15 Parking Garage
- 16 Service Station, Repair Garage
- 17 Hospital, Institutional
- 18 Office, Bank, Professional

- 19 Public Utility
- 20 School, Library, Other Educational
- 21 Stores, Mercantile
- 22 Tanks, Towers
- 23 Other - *Specify*

Existing Building

DESCRIPTION OF WORK

PERMIT NO. _____

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 Une		Sump Pumps			
WATER SERVICE SIZE _____ IN.		TOTAL NO. OF FIXTURES _____			
INSTALL LATERAL OR DRAINAGE MATERIAL TYPE	DIAMETER	LENGTH	INSTALL WATER SERVICE MATERIAL TYPE	DIAMETER	LENGTH

IDENTIFICATION - To be completed by all applicants

Name		Mailing Address	
1. Owner or Lessee	Telephone No.		
2. Contractor	Telephone No.	PA U cense 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

VALIDATION

PERMIT ISSUED _____ 20__	<p style="text-align: center;">FOR DEPARTMENT USE ONLY</p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
PERMIT FEE \$ _____	
PLAN REVIEW FEE \$ _____	
CHECK NO. _____	
CASH \$ _____	Approved by: _____
DATE _____	TITLE _____