

PLUMBING PERMIT APPLICATION

County: _____	Municipality: _____
Site Address: _____	
Owner/Applicant Name: _____	Phone #: _____
Mailing Address: _____	
E-Mail: _____	
<input type="checkbox"/> CALL ME WHEN PERMIT IS READY	
Principal Contractor: _____	Phone #: _____
Mailing Address: _____	
E-Mail: _____ PA Contractor Registration # _____	
<input type="checkbox"/> CALL ME WHEN PERMIT IS READY	

PROPERTY CHARACTERISTICS:
<input type="checkbox"/> Residential Property (Single-Family Dwelling, Two-Family Dwelling, Townhouse)
<input type="checkbox"/> Commercial Property – Specific Use _____
TYPE OF WORK:
<input type="checkbox"/> New Building
<input type="checkbox"/> Addition
<input type="checkbox"/> Renovation
<input type="checkbox"/> Repair
<input type="checkbox"/> Sewer Lateral
<input type="checkbox"/> Water Lateral
<input type="checkbox"/> Other _____
Description of work: _____

Estimated Cost (*Reasonable fair market value*) \$ _____

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge, and furthermore the property owner has authorized the work.	
I certify the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.	
Applicant's Signature: _____	Date: _____