



UPPER CHICHESTER TOWNSHIP

License and Inspection Department
www.upperchichester.org

Phone: 610-485-5719

Fax: 610-485-3615

PHYSICAL (GPS) ADDRESS:
8500 Furey Road
Upper Chichester, PA 19014

MAILING ADDRESS:
PO Box 2187
Upper Chichester, PA 19061

PLUMBING PERMIT APPLICATION

Property Information (location where work is being performed)

Property Owner

Property Address (Street, City, State, Zip, Apt/Suite#)

Business Name (If Applicable)

Phone

Email

Cost of Construction \$ _____

Please provide the cost of construction for the PLUMBING portion of this project only.

TYPE OF IMPROVEMENT

____ New Building/Construction

____ Repair, Replacement

____ Pool

____ Addition

____ Alteration

____ Other _____

PROPOSED USE:

Residential

____ One or Two Family

____ Two or More Family: # Units ____

____ Garage

____ Other _____

Non-Residential

____ Amusement, Recreational

____ Church, Other Religious

____ School, Library, Educational

____ Parking Garage

____ Service Station

____ Hospital, Institutional

____ Office, Bank, Professional

____ Public Utility

____ Stores, Mercantile

____ Industrial

____ Tanks, Towers

____ Other: _____

DESCRIPTION OF WORK. Please attach drawing or plan.

Call 811 or visit www.call811.com BEFORE YOU DIG

FIXTURES BEING INSTALLED: enter quantity of fixtures installed, replaced, or repaired.

# UNITS	FIXTURE	# UNITS	FIXTURE	# UNITS	FIXTURE
	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 PUMP		

WATER SERVICE SIZE _____ IN.

TOTAL NUMBER OF FIXTURES _____

INSTALL LATERAL OR DRAINAGE	MATERIAL TYPE	DIAMETER	LENGTH	NO. CLEANOUTS	INSTALL WATER SERVICE	MATERIAL TYPE	DIAMETER	LENGTH

APPLICANT, PLEASE CIRCLE: **OWNER** **CONTRACTOR** **OTHER** _____

PROPERTY OWNER	NAME _____		PHONE _____	EMAIL _____
	MAILING ADDRESS (Street, City, State, Zip, Apt/Suite#) _____			

CONTRACTOR	NAME _____		PHONE _____	EMAIL _____
	PA LICENSE # _____	EMAIL MAILING ADDRESS (Street, City, State, Zip, Apt/Suite#) _____		

ARCHITECT OR ENGINEER	NAME _____		PHONE _____	EMAIL _____
	MAILING ADDRESS (Street, City, State, Zip, Apt/Suite#) _____			

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/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LOCAL, STATE AND FEDERAL LEGISLATION. Please provide signed contract between contractor and owner of property, if property owner is not the party signing this form.

Signature _____	Date _____
-----------------	------------

Township Use Only: INITIALS _____ FOLIO: _____ AMOUNT: _____ CHECK NUMBER _____ CASH Is this site located within an identified flood hazard area? YES NO	Building Code Official Use Only: APPROVED DENIED SIGNATURE: _____ DATE: _____ SEE PERMIT FOR COMMENTS.
--	---

Township Use Only:

Township Flood Plain Administrator Signature: _____

Date: _____

PLEASE SEE ATTACHED INFORMATION