

UPPER CHICHESTER TOWNSHIP

P.O. BOX 2187

UPPER CHICHESTER, PA 19061

License & Inspections Department

Ph: 610.485.5719

www.upperchichester.org

Fax: 610.485.3615

PLUMBING PERMIT APPLICATION

OWNER AND BUILDING INFORMATION

Owner or Business Name		Phone	
Street Address		Apt	Zip
Subdivision		Lot Number	Parcel Type
		<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial
		<input type="checkbox"/> Commercial	<input type="checkbox"/> Other _____
		Zoning	

COST OF CONSTRUCTION \$ _____

TYPE OF IMPROVEMENT

- 1 New Building
- 2 Addition (if residential, enter number of new housing units added, if any, in PROPOSED USE, No 11)
- 3 Alteration (See 2 above)
- 4 Repair, Replacement
- 5 Pool

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, Educational
- 21 Stores, Mercantile
- 22 Tanks, Towers
- 23 Other - Specify

Existing Building

DESCRIPTION OF WORK

PERMIT NO. _____

****CALL 811 OR VISIT www.call811.com BEFORE YOU DIG****

FIXTURES BEING INSTALLED - Enter quantity 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 Pump					
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

IDENTIFICATION - To be completed by all applicants

Property Owner or Lessee	Name	Mailing Address
	Phone No.	

Contractor	Name	Mailing Address	PA License No.
	Phone No.		

Architect or Engineer	Name	Mailing Address
	Phone 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	Application Date
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VALIDATION

PERMIT ISSUED _____ 20____

PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

CHECK NO. _____

CASH \$ _____

DATE _____

FOR DEPARTMENT USE ONLY

Use Group _____

Fire Grading _____

Live Loading _____

Occupancy Load _____

Approved by: _____

Title: _____