

MUNICIPALITY \_\_\_\_\_ COUNTY \_\_\_\_\_



**PLUMBING PERMIT APPLICATION**

INSPECTIONS AS PER ACT 45 OF THE UCC

INSPECTIONS CALL 610-395-3827 EX 1

P.O. Box 423, Orefield, Pa. 18069

Fax 610-395-2231

TRACKING # \_\_\_\_\_ PERMIT # \_\_\_\_\_ DATE \_\_\_\_\_

Use of structure \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street Number and Name

City

State

Zip

Phone #s Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Jobsite Address: \_\_\_\_\_

**Fixture Count**

Water closets      Lavatory      Urinal/Bidet      Drinking Fountain

Bath Tub      Shower      Floor Drains      Dishwasher

Sink      Hose Bib      Water Heater      Washing Machine

Steam Boiler      Sewer Pump Interceptor / Separator

Hot Water Boiler      Back Flow Preventer or Grease Trap

Other: \_\_\_\_\_

Additional Equipment \_\_\_\_\_

Inspector Notes \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

*Print and Sign*