

MUNICIPALITY _____ COUNTY _____



PLUMBING PERMIT APPLICATION
INSPECTIONS AS PER ACT 45 OF THE UCC
INSPECTIONS CALL 610-395-3827 EXT: 1
P.O. Box 423, Orefield, Pa 18069
Fax 610-395-2231

TRACKING # _____ PERMIT # _____ DATE: _____

Use of Structure: _____

OWNER'S NAME: _____

PHONE NUMBER(s): _____

CONTRACTOR'S NAME: _____

ADDRESS: _____

Street Number and Name

_____ City State Zip

Phone #s Office: _____ Cell: _____ Fax: _____

Job Site 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: _____

Value of Improvement: _____

Inspector Notes: _____

Applicant Name: _____

Print and Sign