

**UPPER PROVIDENCE TOWNSHIP
DEPARTMENT OF LICENSE AND INSPECTION
PLUMBING PERMIT APPLICATION**

ALL WORK SHALL CONFORM TO THE INTERNATIONAL PLUMBING CODE AS APPLICABLE TO THE UCC

Street Address (Job) _____ Date _____

Property Owner Name _____ Telephone # _____

Contractor Name _____ Telephone # _____

Cost of improvement (less fixtures) = _____

PA Home Improvement Contractor registration # _____

Contractor's Certificate of Insurance is required with each application.

Please select one of the following:

Residential _____ Commercial _____

New _____ Repair _____ Replace _____ **Emergency job? Yes/ No**

FIXTURE COUNT (INDICATE NUMBER FOR EACH)			
Backflow Preventers	_____	Showers	_____
Bidets	_____	Sinks	_____
Dishwashers	_____	Sump Pump	_____
Drinking Fountain	_____	Urinals	_____
Garbage Grinder	_____	Washing Machines	_____
Grease Interceptor	_____	Water Closets	_____
Lavatories	_____	Water Heaters	_____
Sewer Ejector Pump	_____	Water System tie-in/ repair	_____
Sewer System tie-in/ repair	_____	Whirlpools	_____
Sprinkler System	_____	Bath Tubs	_____

ALL WORK IS REQUIRED TO BE INSPECTED PRIOR TO CONCEALMENT AND UPON COMPLETION – CALL LINN ARCHITECTS @ 610-566-7044 TO SCHEDULE

**** You will be contacted when your permit is ready.**

I hereby certify that the statements contained herein are true to the best of my knowledge and belief

Applicant signature _____ COST OF JOB* _____

*** Attach copy of invoice/contract/work order**

OFFICE USE ONLY			
Application Date _____	Fee Paid _____	Check # _____	Rec'd by: _____
Permit # _____	Date issued: _____	Rec'd from: _____	