

**UPPER PROVIDENCE TOWNSHIP, DELAWARE COUNTY  
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	_____
Bathtubs	_____	Sinks	_____
Bidets	_____	Sump Pump	_____
Dishwashers	_____	Toilets	_____
Drinking Fountain	_____	Urinals	_____
Garbage Grinder	_____	Washing Machines	_____
Grease Interceptor	_____	Water Heater	_____
Sewer Ejector Pump	_____	Water System tie-in/ repair	_____
Sewer System tie-in/ repair	_____	Whirlpool/Jacuzzi	_____
Sprinkler System	_____	Other	_____

**ALL WORK IS REQUIRED TO BE INSPECTED PRIOR TO CONCEALMENT AND UPON COMPLETION –  
CALL KEYSTONE MUNICIPAL SERVICES 610-656-4927 TO SCHEDULE**

**\*\*Permits may be emailed or picked up in person at the Township Building Please select below:**

I will pick up \_\_\_\_\_ Please email to \_\_\_\_\_

*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 # P _____	Date issued: _____	Rec'd from: _____	
Approved By: _____		Date: _____	