

Pre-Application Checklist: Copy of Contract ____ Insurance Certificates ____

Upper Providence Plumbing Permit Application

935 N Providence Media, PA 19063

610-565-4944

Site Address _____ City _____

Type _____ Property Owner _____

Primary Contact _____ Phone _____ Email _____

Contractor _____ Address _____

Primary Contact _____ Phone _____ Email _____ HIC # _____

Please indicate the type and quantity of equipment being installed and whether it is new or a replacement.

Type	Qty/Length	N/R	Type	Qty/Length	N/R
Water Closet			Urinal		
Lavatory			Drinking Fountain		
Sink			Beverage Dispenser		
Dishwasher			Grease Trap		
Laundry Standpipe			Gas Piping		
Laundry Tub			Boiler/Radiant Piping		
Bathtub			Stack		
Shower			Building Drain		
Hose Bibb			Sewer		
Floor Drain			Water Service		
Water Heater			Backflow Preventer		

Description of work:

Applicant Signature _____ Date _____

Cost of Job _____

Municipal Comments:

Permit Fee _____ +\$4.50 Total Fee _____ Permit # _____

3rd Party Signature _____ Date _____

All inspection requests or code questions should be directed to Linn Architects at permits@rlinn.com or 610-566-7044 option 2.

Check # _____ Received By _____ Date _____