



If you have questions while filling out this permit application, please contact our office: 570-752-8044 or toll-free: (877) 752-4123.

PLUMBING PERMIT

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

Tenant _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

Front Yard _____ ft. (front of building to property line)
 Rear Yard _____ ft. (rear of building to property line)
 Side Yard _____ ft. Side Yard _____ ft.

Describe proposed work in detail: _____

State Classification: New Commercial Other Commercial New Residential Other Residential

Contractor _____
(if owner, put same name above)
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 Fed. Employee No. _____
(Certificate of Insurance for Workers Compensation needed or sign exemption form)
 Estimate of total cost for all work _____

Technical Site Data No.	Fixture/ Equipment	Technical Site Data No.	Fixture/ Equipment
	Water Closet		Urinal/Bidet
	Lavatory		Shower
	Floor Drain		Sink
	Dishwasher		Drinking Fountain
	Washing Machine		Hose Bibb
	Water Heater		Fuel Oil Piping
	Steam Boiler		Hot Water Boiler
	Water Service Connection		Interceptor/ Separator
	Backflow preventer		Grease trap
	Sewer Connection		Sewer Pump
	Stacks		Solar

Others: _____

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____
 Owner Contractor Owner Representative

BUILDING CODE OFFICIAL USE ONLY
 Plans Approved _____ Plans Approved with Comments _____
 UCC Building Fee _____ Plan Review Fee _____
 Admin. Fee _____ State Fee _____
 Total Cost _____ Code Official _____
 State Cert# _____ Date Issued _____