Walker TownshipUniform Construction Code <u>Plumbing</u> Permit Application

Location of proposed work or improvement:

• Street Address:				
Tax Parcel #:		Lot #:		
Owner:			_ Phone #:	
Mailing Address:		·		
City:	State:	Zip:		
Principal Contractor:			Phone:	
Mailing Address:		·		
City:	State:	Zip:		
Fax #:	E-Mail: _			
Designer:			Phone:	
Mailing Address:		City:	State:	Zip:
Fax #:	E-Mail: _			
Type of Work or Improvemen	t (check one):			
New Building Additi	on A	Alteration	Repair	Demolition
Describe the Proposed Work:				
Number of Fixture Units		Estimated Cost of	of Construction _	
Number and Size of Soil Stacks		Type of Sewage Disposal		
Size of Building Drain		Size of Building	Sewer	
Type of Septic Tank and Capa	icity		(give dimensions	and number of tanks)
Type of Final Disposal 1.Tile F	ield	2.Seepage Pit	3.0	Other
Type and Number of Fixtures,	Drain and Tra	ap Size:		
Basement (include stub up for f	uture) Type(s) _		Size(s)	
1 st Floor Type(s)		Size(s)	
2 nd Floor Type(s)		Size(s)		
3 rd Floor Type(s)		Size(s)		
Additional fixture listing				

Description of Building Use (check	one):	
Residential One-Family Dwelling Two-Family Dwelling	Chan	-Residential Specific Use: Use Group: ge in Use: Yes No es" Indicate Former
completed in accordance with the Construction Code) and any addition The property owner and applicant as easements, rights-of-way, flood area shall not be construed as authority to	"approved" construal approved building ssume the responsibiles, etc. Issuance of a violate, cancel or set arning body. The approved the set of	nis application is correct and the work will be ction documents and PA Act 45 (Uniform code requirements adopted by the municipality. ity of locating all property lines, setback lines, permit and approval of construction documents aside any provision of the codes or ordinances of clicant certifies that he/she understands all the
Application for a permit shall be m Professional employed in connection		Master Plumber or by the Registered Design rk.
	l by such permit at a	strator's authorized representative shall have ny reasonable hour to enforce the provisions
Signature of Owner or Agent		Print Name of Owner or Agent
Date:		
Directions to Site:		
****Make ch	ecks payable to V	Valker Township****
	Township Use	Only
Date Approved/Denied:	Permit No:	Permit Fee:
Plan review performed by:	Signature	Print Name

If denied, state reason: _