

# PLUMBING PERMIT APPLICATION

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Site Address: \_\_\_\_\_

Tax ID#: \_\_\_\_\_

Owner/Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

CALL ME WHEN PERMIT IS READY

Principal Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ PA Contractor Registration #: \_\_\_\_\_

CALL ME WHEN PERMIT IS READY

Architect (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## PROPERTY CHARACTERISTICS:

Residential Property (Single-Family Dwelling, Two-Family Dwelling, Townhouse)

Commercial Property - Specific Use \_\_\_\_\_

## TYPE OF WORK: (check all that apply)

New building       Addition       Repair

Generator (size)       Renovation

Service (size) \_\_\_\_\_

Other

What fixtures will be added or removed? \_\_\_\_\_

\_\_\_\_\_

Describe the proposed work \_\_\_\_\_

**ESTIMATED COST:** (Reasonable fair market value) \$ \_\_\_\_\_ **(REQUIRED)**

- OFFICIAL USE ONLY -

**APPLICATION FEE PAID: Check#** \_\_\_\_\_ **Amount\$** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PERMIT TERMS AND CONDITIONS

The Owner/Applicant certifies that all information on this application is correct and the work will be completed in accordance with the approved construction documents, PA Act 45 of 1999 (Uniform Construction Code), Act 247 of 1968 as amended (Municipalities Planning Code), and any additional approved building code requirements adopted by the Municipality. The property Owner/Applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, any flood areas. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, waive, or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The Owner/Applicant certifies he/she understands all the applicable codes, ordinances and regulations and is responsible for all review costs incurred for the proposed project.

Building and zoning permits are valid for one year from the date of issue. Construction must be started within 180 days of issue. Permits may be extended only once by making application and paying an extension fee prior to expiration of the original permit.

In consideration of the issuance of a permit to the undersigned Owner/Applicant acknowledges that, in reviewing plans and specifications, in issuing permits, and in periodically inspecting work of the Owner/Applicant, employees of The Municipality and LTL Consultants, Ltd. are only performing their duties to require compliance with the minimum requirements of the applicable Ordinances of The Municipality pursuant to the policy power of The Municipality and are not warranting to the Owner/Applicant or to any third party the quality or adequacy of the design, engineering or construction work of the Owner/Applicant. Owner/Applicant further acknowledges that it will not be possible for The Municipality or LTL Consultants Ltd. to review every aspect of Owner/Applicant's design and engineering or to inspect every aspect of Owner/Applicant's construction work. Accordingly, neither The Municipality, LTL Consultants, Ltd. nor any of its elected or appointed officials or employees shall have any liability to the Owner/Applicant for defects or shortcomings in such design, engineering, construction work, even if it is alleged that such defects or shortcomings should have been discovered during The Municipality's or LTL Consultants review or periodic inspection.

Furthermore, the Owner/Applicant agrees to defend, hold harmless and indemnify, LTL Consultants, The Municipality, if elected and appointed officials and employees from and against any and all claims, demands, actions, and causes of action, any one or more third parties arising out of or relating to The Municipality's or LTL Consultants review or periodic inspections of the Owner/Applicant's design, engineering or construction work, or issuance of a permit or permits, or arising out of or relating to the design, engineering or construction work done by Owner/Applicant pursuant to such permit or permits. A reference in these Terms and Conditions is to Owner/Applicant's employees, agents, independent contractors, subcontractors, or any other person or entities performing work pursuant to the issuance of the building or grading permit by The Municipality,

Application for a permit shall be made by the Owner or the building or structure, and agent (if different than the owner)

I certify the Municipal Code Administrator or LTL, Consultants, Ltd. shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

\_\_\_\_\_

Signature of Property Owner (required)

\_\_\_\_\_

Printed Name of Property Owner

\_\_\_\_\_

Address

Date

\_\_\_\_\_

Signature of Authorized Agent (if different than Owner)

\_\_\_\_\_

Print Name of Authorized Agent

\_\_\_\_\_

Address

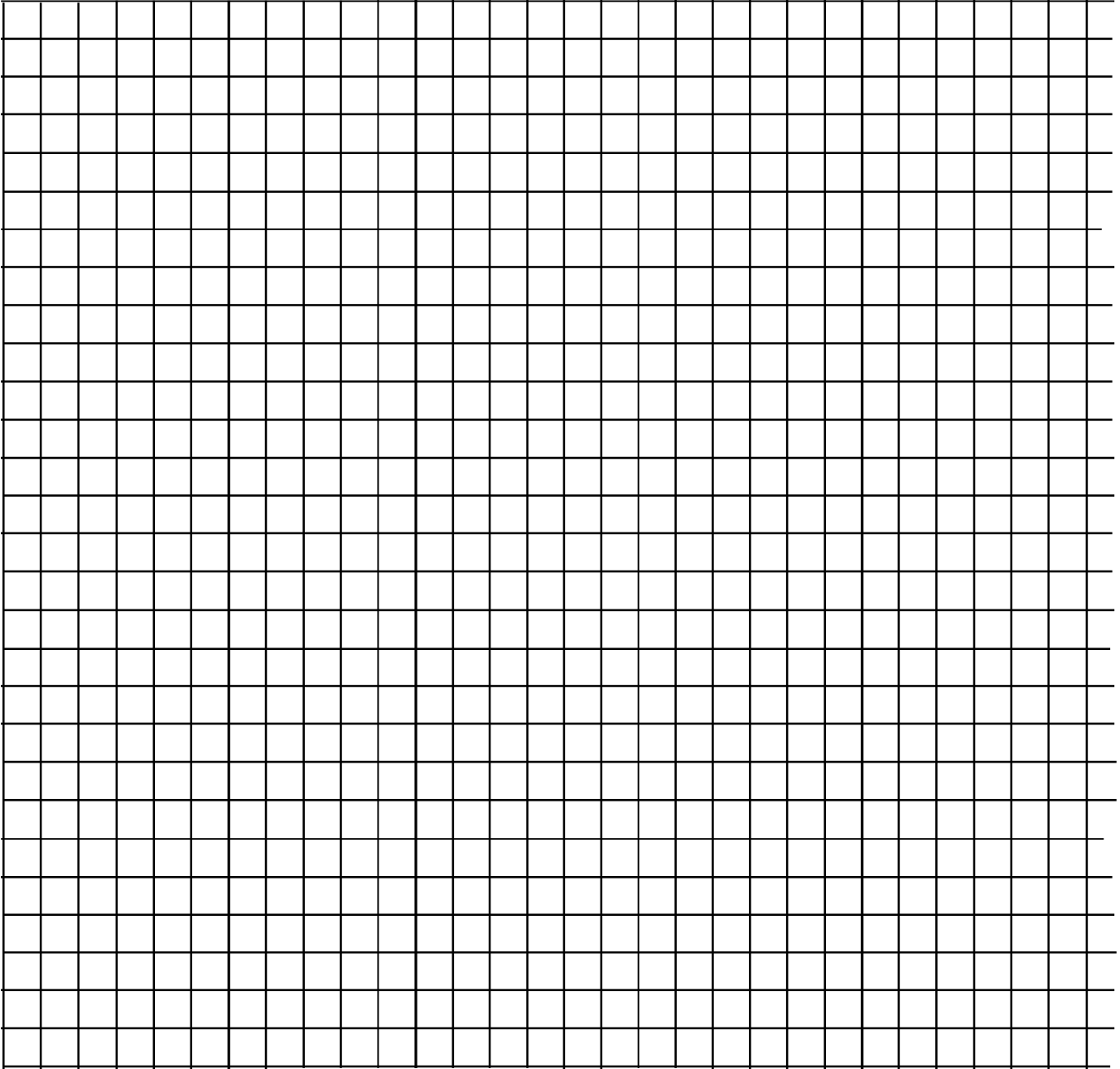
Date

**REFER TO CHECKLIST TO DETERMINE ADDITIONAL APPLICATION REQUIREMENTS**

NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

**PLOT PLAN/ SKETCH PLAN AREA**



The Plot Plan must show size and location of all structures and wells on the property and the distance to property lines (hand drawn is acceptable)

Is your drawing to scale Y / N? If yes, what is the scale? \_\_\_\_\_

**Workers' Compensation Insurance Coverage Information**

A. Is the applicant a contractor within the meaning of the Pennsylvania Worker's Compensation Law!  
 Yes  No

If the answer is "yes", complete **Sections B, C, D, and E** below as appropriate.  
If the answer is "no", complete **Section E**.

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**B. Insurance Information**

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification Number \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation.  
 Check if Certificate is attached.

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy Number \_\_\_\_\_  
 Check if Certificate is attached.

Policy Expiration Date. \_\_\_\_\_

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C. Is the applicant using any subcontractor(s) on this project?  Yes  No

If the answer is "yes", the applicant hereby certifies that any and all subcontractors have presented proof the applicant of insurance under the Pennsylvania Workers' Compensation Act

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D. Exemption: Complete **Section D** if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirm" that he/she is not required to provide worker's compensation insura1K under the provisions of 111e Pennsylvania Worker's Compensation Law for one of the following rea5ons," indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual 1 perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_ My Commission expires: \_\_\_\_\_

Signature of Notary Public

(Seal)

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**E. Signature required for all applicants**

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Municipality of \_\_\_\_\_