

**NORTH COVENTRY TOWNSHIP  
BOARD OF SUPERVISORS**  
845 S. Hanover Street, Pottstown, PA 19465  
Phone 610-323-1694 Fax 610-323-7239  
[www.northcoventry.us](http://www.northcoventry.us)

**This area is for Township Staff**  
Date application submitted and  
employee initials  
\_\_\_\_\_

**PLUMBING PERMIT**

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant Telephone: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Address of construction (if different than above) \_\_\_\_\_

***The following property information must be completed:***

**Property Data:**

Sewage Disposal  Public  On-Site Septic      Number of Stories \_\_\_\_\_

Water Supply  Public  Well      Total Square Foot \_\_\_\_\_

Existing Use of Dwelling \_\_\_\_\_      Fuel/Heating Source \_\_\_\_\_

Proposed Use of Dwelling \_\_\_\_\_

**This area for Zoning Officer:**  
**Parcel ID#**  
\_\_\_\_\_  
**Remarks**  
\_\_\_\_\_  
\_\_\_\_\_

Plumber Name: \_\_\_\_\_ Plumber Telephone: \_\_\_\_\_

Plumber Address: \_\_\_\_\_

Design Official: \_\_\_\_\_

Type of construction:  New Construction/Addition  Alteration/Renovation

| <u>FIXTURES DATA</u> |              | <u>FIXTURES DATA</u> |                | <u>FIXTURES DATA</u> |                  |
|----------------------|--------------|----------------------|----------------|----------------------|------------------|
| Number of:           | Item:        | Number of:           | Item:          | Number of:           | Item:            |
| _____                | Sink         | _____                | Dish Washer    | _____                | Garbage Disposal |
| _____                | Water Closet | _____                | Drink Fountain | _____                | Grease Trap      |
| _____                | Lavatory     | _____                | Water Heater   | _____                | Sump             |
| _____                | Shower       | _____                | House Bibb     | _____                | Service Sink     |
| _____                | Bath         | _____                | Laundry Tray   | _____                | Sewer Ejector    |
| _____                | Urinal       | _____                | Floor Drain    | _____                | Supply Service   |
| _____                | Ice Maker    | _____                | Washer         | _____                |                  |

Fixture Count \_\_\_\_\_ Estimated Project Cost \$ \_\_\_\_\_

***This permit expires 180 days from issuance or 180 days from the date of last called inspection.***

|   |   |
|---|---|
| <b><u>CODE OFFICIAL:</u></b>                                      |   |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied |   |
| Date of Approval/Denial _____                                     |   |
| Signature _____   |   |
| Permit # _____  | Fee \$ _____                              |
| Permit Payment: Date _____  | Check# _____ Cash _____ Received by _____ |