

SHARON HILL BOROUGH



APPLICATION FOR PLUMBING PERMIT

250 Sharon Avenue
 Sharon Hill, PA 19079
 610-586-8200
 Fax 610-586-3991

PERMIT NO. _____

IMPORTANT - Applicant to complete all items in sections I, II, III and IV.

I. LOCATION OF BUILDING

AT (LOCATION) _____ ZONING DISTRICT _____
 (NO.) (STREET)
 BETWEEN _____ AND _____
 (CROSS STREET) (CROSS STREET)
 SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING - All applicants complete Parts A-D

A. TYPE OF IMPROVEMENT

- 1. New Building
- 2. Additional (If residential, enter number of new housing units added, if any, in Part D, 13)
- 3. Alteration (See 2 above)
- 4. Repair, replacement
- 5. Fence
- 6. Decks
- 7. Porch

B. OWNERSHIP

- 8. Private (Individual, corporation, non-profit institution, etc.)
- 9. Public (Federal, state or local government)

C. COST

(omit cents)

10. Other \$ _____
 TOTAL COST OF IMPROVEMENT \$ _____
 \$ _____
 \$ _____

D. PROPOSED USE - For "Wrecking" most recent use

Residential

- 12. One or two family
- 13. Two or more family - enter number of units _____
- 14. Garage
- 15. Day Care
- 16. Other - Specify _____

Non-residential

- 17. Amusement, recreational
- 18. Church, other religious
- 19. Industrial
- 20. Parking Garage
- 21. Service station, repair garage
- 22. Hospital, institutional
- 23. Office, bank, professional

- 24. Public utility
- 25. School, library, other educational
- 26. Stores, mercantile
- 27. Tanks, towers
- 28. Other - specify _____
- Existing building

Describe in detail proposed use of buildings: e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant.
 If use of existing building is being changed, enter proper use.

III. SELECTED CHARACTERISTICS OF BUILDING

E. PRINCIPAL TYPE OF FRAME

- 29. Masonry (wall bearing)
- 30. Wood frame
- 31. Structural steel
- 32. Reinforced concrete
- 33. Other - Specify _____

F. DIMENSIONS

- 34. Number of stories _____
- 35. Total square feet of floor area, all floors, based on exterior dimensions _____
- 36. Total land area, sq. ft. _____

(OVER)

DATE _____

PLUMBING PERMIT APPLICATION

Enter the number of fixtures being installed, replaced, or repaired

Tubs/showers		Laundry Tubs		Sump Pumps				
Shower stalls		Dishwashers		Grease Traps				
Lavatories		Garbage Disposals		Back Flow Preventers				
Toilets		Drinking Fountains		Water Pumps				
Urinals		Floor Drains		Roof Openings				
Bidets		Water Heaters		Parking Lot Drains				
Sinks		Water Softeners		Inside Downspout				
Sewer Line		Sewage Ejectors		Lawn Sprinklers				
Water Line		Curb Trap						
WATER SERVICE SIZE _____ IN.		TOTAL NO. OF FIXTURES _____						
Install Lateral or drainage	MATERIAL TYPE	DIAMETER	LENGTH	NO CLEANOUTS	Install Water service	MATERIAL TYPE	DIAMETER	LENGTH

DESCRIPTION OF WORK

IV. IDENTIFICATION - To be completed by all applicants

Name	Mailing address - number, street, city and state	Zip code	Tel. No.
1. Owner or Lessee			
2. Contractor		Builder's License No.	
3. Architect or Engineer			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Application date
------------------------	---------	------------------