

MUNICIPALITY \_\_\_\_\_ COUNTY \_\_\_\_\_



**PLUMBING PERMIT APPLICATION**

INSPECTIONS AS PER ACT 45 OF THE UCC  
INSPECTIONS CALL 610-395-3827 EX 1  
P.O. Box 423, Orefield, Pa. 18069  
Fax 610-395-2231

TRACKING # \_\_\_\_\_ PERMIT # \_\_\_\_\_ DATE \_\_\_\_\_

Use of structure \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street Number and Name

City

State

Zip

Phone #s Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Jobsite Address: \_\_\_\_\_

Fixture Count

Water closets	Lavatory	Urinal/Bidet	Drinking Fountain
Bath Tub	Shower	Floor Drains	Dishwasher
Sink	Hose Bib	Water Heater	Washing Machine
Steam Boiler	Sewer Pump Interceptor / Separator		
Hot Water Boiler	Back Flow Preventer or Grease Trap		

Other: \_\_\_\_\_

Additional Equipment \_\_\_\_\_

Inspector Notes \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_  
*Print and Sign*