

APPLICATION FOR PERMIT
 PLUMBING SEWER

UPPER GWYNEDD TOWNSHIP
 CODE ENFORCEMENT DEPARTMENT

PLAN NUMBER _____ FEE _____

LOCATION OR ADDRESS _____ VIOLATION YES NO VIN NUMBER _____ DATE _____ DISTRICT _____

OWNER _____ ADDRESS _____

ALL WORK, MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH RULES, REGULATIONS OF PLUMBING CODE.

SIGNATURE OF PLUMBER _____ REG. NUMBER _____ ADDRESS _____ TELEPHONE NO. _____

SINGLE BUILDING				IDENTICAL DWELLINGS — SAME SIDE OF STREET			
TYPE	NEW BUILDING	ADDITION	OLD BUILDING	NO. OF BLDGS.	SIZE OF LOT	NO. OF STORIES	BASEMENT—GAR.
No. of Stories							YES <input type="checkbox"/> NO <input type="checkbox"/>
Use of Building							

TABLE OF NEW FIXTURES ONLY

FLOORS	R.W.C.	WATER CLOSETS	BATH TUBS	SHOWER BATHS	LAVA-TORIES	SINKS	WASH TUBS	SERVICE SINKS	URINALS	YARD DRAIN	FLOOR DRAIN	DISH WASHER	IND. WASTE	EXISTING FIXTURES	
														WATER	WASTE
Yard															
Basemt.															
1st flr.															
2nd flr.															
3rd flr.															
4th flr.															
5th flr.															
6th flr.															
7th flr.															
8th flr.															
9th flr.															
10th flr.															
TOTAL															

IS CONNECTION TO BE MADE TO SEWER Yes No MAIN TRAP SIZE _____ MAIN HOUSE DRAIN Size _____ Above Ground Below Ground

WHERE DOES AIR INLET OPEN _____ TOTAL DRAINAGE AREA _____ GRADE OF MAIN DRAIN _____

BUILDING PERMIT NUMBER _____ OCCUPANCY _____ DATE _____ VERIFIED BY _____

SEWER APPLICATION — COMPLETE THIS SECTION

TO CONNECT HOUSES (Number) _____ SIZE OF CONNECTION _____ APPROVAL TO CONNECT BY WATER DEPARTMENT _____ SEWER CONNECTION FEE _____

THIS SECTION FOR OFFICE USE ONLY

INSPEC. BOOK NUMBER _____ NO. LATERALS _____ COST _____ TUNNEL _____ ASPHALT-FOOTWAY _____ WATER & SEWER FEES APPROVAL (Signature) _____

INSPECTOR'S REPORT	ADDRESS	ADDRESS	ADDRESS	ADDRESS	ADDRESS
Main Trap					
Underground Outside					
Underground Inside					
Soil Stacks					
Waste Stacks					
Soil & Waste Pipes					
Water Supply Pipes					
Water Distributing Pipe					
Tests					

EXAMINER'S APPROVAL

SIGNATURE—PLUMBING _____ DATE _____ SIGNATURE—ZONING _____ DATE _____ SIGNATURE OF INSPECTOR _____ FINAL INSPECTION DATE _____