

**A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION**



Tax Parcel # \_\_\_\_\_

Date \_\_\_\_\_

**PLUMBING PERMIT APPLICATION**

*Willistown Township*

*688 Sugartown Road*

*Malvern, PA 19355*

Phone 610.647.5300

Fax 610.647.8156

PA State Registration # \_\_\_\_\_ Cert Ins \_\_\_\_\_ Liability \_\_\_\_\_ W/C \_\_\_\_\_

ICC Certification # \_\_\_\_\_ WT Registration # \_\_\_\_\_

**Property Address/Site Location:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Property Owner's Signature** \_\_\_\_\_

Please Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Contractor Information:**

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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 agent and we agree to conform to all applicable laws of this jurisdiction.**

Contractor's Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**1. Description of Plumbing Work & Size of Service** \_\_\_\_\_

\_\_\_\_\_ Existing \_\_\_\_\_ New \_\_\_\_\_

**2. Attach documentation of proposed work. RISER DIAGRAM MUST BE ATTACHED.** (P3005.4) Water distribution calculations may be required. (P2903.7)

**3. Cost of Improvement/Work** \_\_\_\_\_ (labor and materials only)

*Please do NOT write below this line*

Permit # \_\_\_\_\_ Date Received \_\_\_\_\_ Date Issued \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Code Administration Officer \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Reason for Disapproval \_\_\_\_\_