MILFORD TOWNSHIP Application for a Plumbing Permit

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1. OWNERS INFORMATION

First Name		Last Name		
Project Address			Zip	
•		enter the property for site inspections	Cell	
	2. <u>CON</u>	TRACTORS INFORMATION		_
	NAME	ADDRESS		LICENCE NO.
Contractor				
		Certific	ate of Insurance l	Provided () yes () no
Contractors Signature		Date: PROJECT DESCRIPTION		
Toilet / Urninal	_ Laundry Tray	Water Heater	Projec	ct Cost \$
Bathtub	Sewer Ejector	Water Fountain		
Dishwasher	Shower	Whirlpool		
Floor Drain	Sink	Misc. Fixtures		
Garbage Disposal	Sump Pump			
	ng to provide all the needed ings: Detailed informations	IUST BE ACCOMPANIED BY THE FOI info. will result in a returned permit proleshowing how it will be constructed, mater	onging the issuan	
Certificate of Insura	ance: If not installed by the	homeowner, Pa state law requires contrac	ctors to provide p	roof of insurance.

REQUIRED INSPECTIONS

(Calls must be made 24 hours in advance for inspections)

1st Rough plumbing (pipes needs to be under pressure)
2nd Final after all construction is completed prior to occupancy.

In Office Use Only

: #		
ence #		
Other Agencies Notified () Fire Marshal () BCCI	O () BOS () BCHD	
Sewer District () N/A () NO () YES Hook up paid or v Public EDU paid () Private Pe () Township Permit #	rmit issued () Yes
Zoning District	Zoning Section	Lot Size
Building Width	Building Length	Building Height Total Sq Ft
Building Type	Use Group	_
omments to the Applicant		
**		
House Comments		
rmit Fees	Other Notes	
362-40 Zoning \$		
362-43 Plumbing\$		
362-46 L&I \$		
TOTAL EDELES		
TOTAL FEE DUE: \$	1 1	