

LONDONDERRY TOWNSHIP

Plumbing Permit Application

(non-refundable application fee required)

OFFICIAL USE:

Zoning District _____ Tax Parcel _____ Permit Number _____

Location of Proposed Work: _____

A. TYPE OF ALTERATION:

Alteration without structural changes or change of use is limited to the removal, replacement, and / or demolition of any system within the existing building envelope that includes, but is not limited to the installation, or replacement of the following:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Water Distribution Lines | <input type="checkbox"/> Floor Drains | <input type="checkbox"/> Washing Machine Outlets | <input type="checkbox"/> Wash Tubs |
| <input type="checkbox"/> Whirlpool/Jetted Bathtubs | <input type="checkbox"/> Urinal (Toilet) | <input type="checkbox"/> Shower Mixing Valves | <input type="checkbox"/> Stall Showers |
| <input type="checkbox"/> Other _____ | | | |

B. USE:

Residential: Single Family Multi-family Townhouses Apartment Recreation Cabin

Non-residential: (describe) _____

C. DESCRIPTION OF WORK:

Contract Cost: \$ _____ (Permit Fees to be calculated by Building Code Official)

D. CONSTRUCTION DOCUMENTS:

One set of equipment manufacturers' specifications and installation manual for new equipment installation submitted yes no

E. IDENTIFICATION:

Owner(s) Name & Address: _____

Phone No.: _____ E-mail: _____

Contractor Name & Address _____

Phone No.: _____ E-mail: _____

Registry No.: _____ Workers Compensation Form Submitted yes no

3rd Party Inspection Agency Name & Address: _____

Phone No.: _____ E-mail: _____

Registry No.: _____

F. INSPECTION:

THIRD PARTY inspections are required for MECHANICAL (HVAC), ELECTRIC, and PLUMBING work.

THIRD PARTY inspection costs are not included as part of the permit fee.

Owner / Applicant is responsible for Third PARTY inspection fees.

A copy of all THIRD PARTY inspection(s) shall be provided to the TOWNSHIP.

G. CERTIFICATION STATEMENT

I hereby certify that the proposed work is authorized by the owner(s) of record and I have been authorized to submit this *application* as the owner's designated agent. I further agree to conform to all applicable Township laws, standards and ordinances and have provided proof of insurance as required by the Pennsylvania Workers' Compensation Act 44.

SIGNATURE (owner) or AUTHORIZED AGENT

DATE: _____