

CODE ENFORCEMENT OFFICE

WHITPAIN TOWNSHIP
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Phone: (610) 277-2400
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Office Hour: Mon-Fri 1-2 p.m.
and by appointment

APPLICATION FOR PLUMBING FIXTURE PERMIT

REGISTERED MASTER PLUMBER

Name: _____
Address: _____
Cty/St/Zip _____
Phone: _____
Fax: _____
Email: _____

PROPERTY OWNER

Name: _____
Address: _____
Cty/St/Zip _____
Phone: _____
Fax: _____
Email: _____

Job Address: _____

Tenant: _____
Bldg: _____ Suite: _____

Fixture Count:

Water Closets: _____
Urinals: _____
Bidets: _____
Bath Tubs: _____
Lavatories: _____
Kitchen Sink: _____
Laundry Tub: _____
Washing Machine Standpipes: _____
Drinking Fountain: _____
Mop Recptors: _____
Showers: _____
Service or Bar Sinks: _____
Water Heaters: _____
Floor Drains: _____
Garbage Disposal: _____
Dishwasher: _____
Water Softener: _____
Total Fixtures: _____

Type Work:

Fixture Replacement: _____
Alteration To Existing System: _____
Other _____ :

Building Use:

Single Family Dwelling: _____
Multi-Family Structure: _____
Commercial/Office Bldg: _____
Other: _____ :
Emergency Repair: _____

Registered Master Plumber

Property Owner or Agent For Owner

Printed Name of Registered Master Plumber

Printed Name of Owner or Agent

***BOTH OWNER AND CONTRACTOR/APPLICANT MUST SIGN THIS APPLICATION
TWO (2) COPIES OF 24" x 36" PLANS MUST ACCOMPANY THIS APPLICATION
INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED
DO NOT BEGIN WORK UNTIL PERMIT IS ISSUED***

FOR OFFICE USE ONLY

Date Issued: _____

Permit #: _____

Fee Paid: _____
3/7/2010

Approved By: _____