

# WHITPAIN TOWNSHIP

960 Wentz Road  
P.O. Box 800  
Blue Bell, Pennsylvania 19422  
Telephone (610) 277-2400 | Fax (610) 277-2209  
Office Hour: Mon-Fri 1-2 p.m. & By Appointment

## CODE ENFORCEMENT OFFICE

### APPLICATION FOR NEW SEWER LATERAL OR LATERAL REPAIR

#### REGISTERED MASTER PLUMBER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

#### PROPERTY OWNER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Job Address: \_\_\_\_\_

Building Drain Size: \_\_\_\_\_ Pipe Material: \_\_\_\_\_ Lateral Length: \_\_\_\_\_

# SEWER

\_\_\_\_\_  
Signature of Registered Master Plumber

\_\_\_\_\_  
Signature of Property Owner or Agent

\_\_\_\_\_  
Printed Name of Registered Master Plumber

\_\_\_\_\_  
Printed Name of Owner or Agent

**BOTH OWNER AND CONTRACTOR/APPLICANT MUST SIGN THIS APPLICATION  
INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED  
CALL THE PA. ONE-CALL SYSTEM AT 1-800-242-1776 BEFORE YOU DIG.  
DO NOT BEGIN WORK UNTIL PERMIT IS ISSUED (EXCEPT EMERGENCY REPAIRS)**

\_\_\_\_\_  
FOR OFFICE USE ONLY

Date Issued: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_

Permit #: \_\_\_\_\_  
Approved By: \_\_\_\_\_