

**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 Email: [permits@willistown.pa.us](mailto:permits@willistown.pa.us)

PA State Registration # \_\_\_\_\_ Certificate of Ins  Liability  W/C   
ICC Certification # \_\_\_\_\_

**Property Address/Site Location:**

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

Property Owner(s) Signature(s) \_\_\_\_\_ / \_\_\_\_\_

All property owners must sign. To check names on the deed, visit: [https://arcweb.chesco.org/cv3/Default\\_CV.html](https://arcweb.chesco.org/cv3/Default_CV.html)

Print Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

**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 \_\_\_\_\_ Print Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**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; 2018 IRC; 2018 IPC)

**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 \_\_\_\_\_