

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

PA State Registration # _____ Cert Ins _____ Liability _____ W/C _____

ICC Certification # _____ WT Registration # _____

Property Address/Site Location:

Address _____ City _____ State _____ Zip _____

Property Owner's Signature _____

Please Print Name _____ Telephone Number _____

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 _____

Please Print Name _____ Telephone Number _____

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; 2015 IRC; 2015 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 _____