SHARON HILL BOROUGH

APPLICATION FOR PLUMBING PERMIT

250 Sharon Avenue
Sharon Hill, PA 19079
610-586-8200
Fax 610-586-3991

PERMIT NO. _____

IMPORTANT - Applicant to complete all items in sections I, II, III and IV.

I. LOCATION OF BUILDING

AT (LOCATION) _____ (NO.) _____ (STREET) ZONING DISTRICT _____

BETWEEN _____ (CROSS STREET) AND _____ (CROSS STREET)

SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING - All applicants complete Parts A-D

A. TYPE OF IMPROVEMENT

1. ☐ New Building
2. ☐ Additional (If residential, enter number of new housing units added, if any, in Part D, 13)
3. ☐ Alteration (See 2 above)
4. ☐ Repair, replacement
5. ☐ Fence
6. ☐ Decks
7. ☐ Porch

B. OWNERSHIP

8. ☐ Private (Individual, corporation, non-profit institution, etc.)
9. ☐ Public (Federal, state or local government)

C. COST

(omit cents)

10. Other $ _____
TOTAL COST OF IMPROVEMENT $ _____
$ _____
$ _____

D. PROPOSED USE - For "Wrecking" most recent use

Residential

12. ☐ One or two family
13. ☐ Two or more family - enter number of units _____
14. ☐ Garage
15. ☐ Day Care
16. ☐ Other - Specify _____

Non-residential

17. ☐ Amusement, recreational
18. ☐ Church, other religious
19. ☐ Industrial
20. ☐ Parking Garage
21. ☐ Service station, repair garage
22. ☐ Hospital, institutional
23. ☐ Office, bank, professional
24. ☐ Public utility
25. ☐ School, library, other educational
26. ☐ Stores, mercantile
27. ☐ Tanks, towers
28. ☐ Other - specify _____

☐ Existing building

Describe in detail proposed use of buildings: e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant.
If use of existing building is being changed, enter proper use.

III. SELECTED CHARACTERISTICS OF BUILDING

E. PRINCIPAL TYPE OF FRAME

29. ☐ Masonry (wall bearing)
30. ☐ Wood frame
31. ☐ Structural steel
32. ☐ Reinforced concrete
33. ☐ Other - Specify _____

F. DIMENSIONS

34. ☐ Number of stories _____
35. ☐ Total square feet of floor area, all floors, based on exterior dimensions _____
36. ☐ Total land area, sq. ft. _____

(OVER)

DATE _____

PLUMBING PERMIT APPLICATION

Enter the number of fixtures being installed, replaced , or repaired

	Tubs/showers		Laundry Tubs		Sump Pumps		
	Shower stalls		Dishwashers		Grease Traps		
	Lavatories		Garbage Disposals		Back Flow Preventers		
	Toilets		Drinking Fountains		Water Pumps		
	Urinals		Floor Drains		Roof Openings		
	Bidets		Water Heaters		Parking Lot Drains		
	Sinks		Water Softeners		Inside Downspout		
	Sewer Line		Sewage Ejectors		Lawn Sprinklers		
	Water Line		Curb Trap				

WATER SERVICE SIZE _____ IN.

TOTAL NO. OF FIXTURES _____

Install Lateral or drainage	MATERIAL TYPE	DIAMETER	LENGTH	NO CLEANOUTS	Install Water service	MATERIAL TYPE	DIAMETER	LENGTH

DESCRIPTION OF WORK

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - number, street, city and state	Zip code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Application date