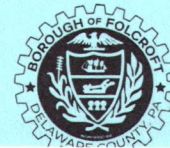


## BOROUGH OF FOLCROFT



# APPLICATION FOR PLUMBING PERMIT

1 799 Ashland Avenue  
F Folcroft, PA 19032  
6 610-522-1305  
F Fax 610-522-1114

**IMPORTANT – Applicant to complete all items in sections: I, II, III, and IV.**

## I. LOCATION OF BUILDING

AT (LOCATION) \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_  
(NO.) (STREET)  
BETWEEN \_\_\_\_\_ AND \_\_\_\_\_  
(CROSS STREET) (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 ☐ Addition (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 proposed 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  |               |  |                             | Install Water service |                      |

**DESCRIPTION OF WORK**

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**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 Insurance Broker's Tel. No. |                                                   | 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 |
|                        | Applicant Email Address |                  |