BOROUGH OF FOLCROFT

APPLICATION FOR PLUMBING PERMIT

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

PERMIT NO. _____

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

_____

_____

_____

_____

_____

_____

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		