STOCKERTOWN BOROUGH

Suzanne Borzak, Zoning Officer
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PLUMBING PERMIT APPLICATION

A_____

Permit #_____

1. **Project Address:**_____ **Date:**_____
2. **Owner:**_____**Phone #:**_____**Cell**_____
3. **Store Name:** _____**Suite #**_____
4. **Address:**_____**State:**__**Zip**_____**Email**_____
5. **Applicant:**_____**Phone#**_____**Cell**_____
6. **Address:**_____**State:**__**Zip**_____**Email**_____
7. **Contractor Name:**_____ **Phone #**_____
8. ☐ **COMMERCIAL** ☐**RESIDENTIAL**
9. **Description of Work:** _____
10. **Project Information:** ***LIST NUMBER OF FIXTURES FOR EACH***

Water Closets_____**Bath Tubs**_____**Showers**_____**Lavatories**_____**Sinks**_____

Garbage Disposal_____**Urinals**_____**Drinking Fountains**_____**Cooler Fountain**_____

Clothes Washing Machine_____**Floor Drains**_____**House Trap**_____**Laundry Tub**_____

Other Fixtures Not Listed_____

Sanitary pipe material_____ **Water pipe material**_____

SHOW ALL VENT SIZES ON PLAN

11. **Plans:** ☐**3 COMPLETE SETS** ☐ **PROFFESSIONAL SEAL** ☐**CODE EDITION**_____
(COMMERCIAL ONLY)
12. **Applicant Signature:**_____ **Date:**_____

Print Name: _____