

Application Date: _____

Permit Number: _____

Plumbing Permit

Permit Fee: _____

Lower Southampton Township

Plumbing Sewer

1500 Desire Ave. Feasterville, Pa 19053

215-357-7300

Name of Owner: _____ Phone Number: _____

Address of Owner: _____

Tax Parcel #: _____ Email Address of Owner: _____

Name of Contractor: _____ Phone Number: _____

Address of Contractor: _____ License No.: _____

| SINGLE BUILDING | | | | IDENTICAL DWELLINGS – SAME SIDE OF STREET | | | | |
|-----------------|--------------|----------|--------------|---|-------------|----------------|---------------|----|
| Type | New Building | Addition | Old Building | No. of Buildings | Size of Lot | No. of Stories | Basement-Gar. | |
| No. of Stories | | | | | | | Yes | No |
| Use of Building | | | | | | | | |

| Floors | R.W.C. | Water Closets | Bath Tubs | Shower Baths | Lava-tories | Sinks | Wash Tubs | Service Sinks | Urinals | Yard Drain | Floor Drain | Dish Washer | Ind. Waste | Existing Fixtures | |
|----------------------|--------|---------------|-----------|--------------|-------------|-------|-----------|---------------|---------|------------|-------------|-------------|------------|-------------------|-------|
| | | | | | | | | | | | | | | Water | Waste |
| Yard | | | | | | | | | | | | | | | |
| Basemt. | | | | | | | | | | | | | | | |
| 1 st flr. | | | | | | | | | | | | | | | |
| 2 nd flr. | | | | | | | | | | | | | | | |
| 3 rd flr. | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | |

| | | | |
|--|---------------------|---|-------------|
| Is connection to be made to sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Main Trap Size | Main House Drain Size _____ <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground | |
| Where does air inlet open? | Total drainage area | Grade of main drain | |
| Building Permit Number | Occupancy | Date | Verified By |

Sewer Application – Complete this section

| | | | |
|----------------------------|--------------------|---|----------------------|
| To Connect Houses (Number) | Size of Connection | Approval to Connect by Water Department | Sewer Connection Fee |
|----------------------------|--------------------|---|----------------------|

Job Summary (Office Use Only)

| Plan Review | Inspections | Dates (Month/Day) | | | |
|--|---------------|-------------------|---------|----------|---------|
| | | Failure | Failure | Approval | Initial |
| <input type="checkbox"/> No Plans Required | Type: | | | | |
| Joint Plan Review Required: | Slab | | | | |
| <input type="checkbox"/> Building <input type="checkbox"/> Plumbing | Rough | | | | |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator | Water | | | | |
| <input type="checkbox"/> Plumbing Plans Approved | Sewer | | | | |
| Date: _____ | Fixtures | | | | |
| Approved By: _____ | Gas Equipment | | | | |
| | Gas Piping | | | | |
| Subcode Approval | Solar | | | | |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA | TCO | | | | |
| Date: _____ | | | | | |
| Approved by: _____ | | | | | |

Applicant Certifies that all information given is correct and that all pertinent plumbing ordinances will be complied with in performing the work for which this permit is issued.

Signature of Contractor or his/her Authorized Representative making the application

Signature of Permit Clerk