

NETHER PROVIDENCE TOWNSHIP
214 Sykes Lane
Wallingford, PA 19086
Office 610-566-4516 Fax 610-892-2890

APPLICATION FOR PLUMBING AND HVAC

Site Address: _____

Contractor's Name: _____

Contractor's Cell Phone/Beeper No.: _____

Fixtures (indicate number of each):

_____ Toilets	_____ Whirlpools	_____ Water Heaters
_____ Interior Faucets	_____ Urinals	_____ Washing Machine
_____ Sinks	_____ Gas Appliances	_____ Laundry Tub
_____ Bathtubs	_____ Dishwashers	_____ Floor Drains
_____ Showers	_____ Garbage Disposals	_____ Exterior Faucets

Other:

Check Type of Work: _____ New _____ Alteration/Addition _____ Repair/Replacement
NOTE: Riser diagram required for new & alterations/additions Does not include relocation

Miscellaneous Work, Check : _____ New Sewer Connection _____ Sewer Lateral Repair
_____ New Water Service _____ Water Service Repair

HVAC, Description of Work: _____

Cost of HVAC: \$ _____

NOTE New construction, additions, & adding system to a building for the 1st time requires sizing calculations.

For Office Use Only

Registration

Plumbing Permit Fee: _____

UCC Fee: \$ 4.50

HVAC Permit Fee: _____

UCC Fee: \$ 4.50

Fee Paid: Cash _____ Check _____
O:\Codes\forms\Plumbing and HVAC applicatn.doc

Date Paid _____

INSURANCE COVERAGE PER PA ACT 44 OF 1993

THE APPLICANT (PROPERTY OWNER/TENANT/CONTRACTOR) IS: (Check one)

- Contractor and sole proprietor without employees, Exempt.
- Contractor and a corporation with only "Executive Employees" qualified under Section 104 of Act 44. Exempt.
- Contractor and exempt on religious grounds qualified under Section 304.2 of Act 44. Exempt.
- Property owner/tenant. Exempt.
- Required under Act 44 to have Workers' Compensation Insurance. Give us a Certificate of Insurance listing Nether Providence Township as a policy certificate holder.

Print Name of Applicant: _____

Cell Phone/Beeper No.: _____

Type of Trade:

- Plumbing
- HVAC
- Electrical
- Excavator/Foundation
- Carpenter
- Roofing

Other, List: _____

Name of Workers' Compensation Carrier. Complete if not Exempt _____

Federal/State I.D. No. (Complete if not Exempt): _____

All subcontractors working in Nether Providence Township must provide their own workers' compensation coverage and complete this form. If the applicant has checked off an exempt box the applicant must not employ anyone to work on this project. Violation(s) of the PA Worker's Compensation Act or the terms of this permit will subject the applicant to a stop work order and other fines and penalties provided by law.

My signature as the applicant constitutes my verification that the statements contained herein are true.

Signature of Applicant

Print Name

Date: _____

Name of Company (if Applicable): _____

** Must get notarized by a notary public if filing an exemption under PA Act 44 (Workers' Compensation Insurance).

Sworn and subscribed to before me this _____ day of _____

Seal

Signature of Notary: _____