

Please include the following along with the application

____ Contract

____ Plans

____ Work Comp & Cert. of Liability



Application for Plumbing Permit

Permit Questions: 610-566-7044 Option 2 or permits@rlinn.com

Municipality					
Address		City			
Unit #		Type			
Owner		Phone			
Primary Contact		Email			
Contractor		Phone			
Primary Contact		Email			
Please check this box to indicate that you acknowledge "S" traps are prohibited					
Please indicate the type and quantity of fixtures/piping being installed and whether they are new or a replacement:					
Type	Quantity	N/R	Type	Qty/Length	N/R
Water Closet			Urinal		
Lavatory			Drinking Fountain		
Sink			Beverage Dispenser		
Dishwasher			Grease Trap		
Laundry Standpipe			Gas Piping		
Laundry Tub			Boiler/Radiant Piping		
Bathtub			Stack		
Shower			Building Drain		
Hose Bibb			Sewer		
Floor Drain			Water Service		
Water Heater			Backflow Preventer		
Description of work					
Please check this box to acknowledge that an air or water pressure test is required for any new residential system or major renovation.					
Please check this box to acknowledge that a backwater valve is required where fixture flood level rims are below the next upstream manhole					
Cost of Job		Square Footage of Work Area			
Applicant Signature		Date			
				Total Fee +4.50 =	

Municipal/3rd Party Approvals _____

Zoning Approval _____