

BOROUGH OF COOPERSBURG

5 N. Main St. Coopersburg, PA 18036
Phone: 610-282-3307 Fax: 610-282-4668

PLUMBING PERMIT

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

PROPERTY OWNER NAME: _____	PHONE: (____) _____
PROJECT ADDRESS: _____	CELL: (____) _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____
APPLICANT NAME: _____	PHONE: (____) _____
APPLICANT ADDRESS: _____	CELL: (____) _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____
CONTRACTOR NAME: _____	PHONE: (____) _____
CONTRACTOR PA REGISTRATION #: _____	CELL: (____) _____
CONTRACTOR ADDRESS: _____	FAX: (____) _____
CITY: _____ STATE: _____ ZIP: _____	EMAIL: _____

PLUMBING INFORMATION

RESIDENTIAL COMMERCIAL NEW INSTALLATION RE-INSTALLATION

	NO.	FIXTURE	KITCHEN	BATH
LIST ALL PROPOSED FIXTURES:		Backflow Devices		
		Bathtub		
		Commercial Dishwasher		
		Garbage Disposal		
		Hose Bib/Water Cooler		
		Interceptors		
		Lavatory/Sink		
		Sewer Ejector		
		Sewer Utility Connection		
		Shower/Floor Drain		
		Sprinkler System		
		Traps		
		Vents		
		Washing Machine/Dishwasher		
	Water Closet/Bidet/Urinal			
	Water Heater			
	Water Utility Connection			

SIGNATURE

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 agent and we agree to conform to all applicable laws of the Borough of Coopersburg. I understand that a copy of the Worker's Compensation Insurance Certificate must be provided by the contractor prior to issuance of permits.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY	FEES	PAYMENT	DISTRIBUTION LIST
PERMIT #: _____	BIA : _____	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> IN MAIL	<input type="checkbox"/> BOROUGH <input type="checkbox"/> CODE OFFICE <input type="checkbox"/> REGISTRAR <input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> RIGHT TO KNOW
DATE ISSUED: _____	BOROUGH: _____		
APPROVED BY: _____	STATE: _____		
TITLE: _____ DATE: _____	TOTAL: _____		