

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 #: _____ DATE ISSUED: _____ APPROVED BY: _____ TITLE: _____ DATE: _____ | BIA : _____ BOROUGH: _____ STATE: _____ TOTAL: _____ | <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 |