



Warrington Township
3400 Pickertown Road • Chalfont, Pa 18914
Phone: 215-997-7501 • Fax: 215-997-7539

Application Date: _____

Application for Plumbing & Drainage Permit

Include with this application: Two Sets of Plans Pump Manufacture Specifications Model Number

PROPERTY INFORMATION:

Name: _____ Phone: _____

Address: _____ Cell Phone: _____

CONTRACTOR INFORMATION:

Name: _____ Phone: _____

Business Name: _____ Phone: _____

Address: _____ Phone: _____

FAX #: _____

PA Registration#: _____

PLEASE LIST# OF FIXTURES - ALL WORK MUST COMPLY WITH THE INTERNATIONAL PLUMBING CODE

Floor Level	Yard	Basmt	1	2	3	4	5
Water Closets							
Bath Tubs							
Shower Baths							
Lavatories							
Sinks							
Wash Tubs							
Hose Bibs							
Urinals							
Washing Machines							
Ejector Pump							
Water Heater							

PUBLIC SEWER:
PRIVATE SEPTIC:

Describe work to be completed:

CERTIFICATION:

I hereby certify that I am the owner of record of the named property; or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application their authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official shall have the authority to enter all areas covered by such permit at any reasonable hour o enforce the provisions f the code(s) applicable to such permit.

Signature of Applicant

Address

Contact #:

Contractor (if applicable)

Address

Contact #:

DEPARTMENT APPROVALS

Plan Examiner:	Date:	
Building Official:	Date:	Fee: \$