

BOROUGH OF FOLCROFT



APPLICATION FOR PLUMBING PERMIT

1555 Elmwood Avenue
Folcroft, PA 19032
610-522-1305
Fax 610-522-1114

IMPORTANT – Applicant to complete all items in sections: I, II, III, and IV.

I. LOCATION OF BUILDING

AT (LOCATION) _____ ZONING DISTRICT _____
(NO.) (STREET)
BETWEEN _____ AND _____
(CROSS STREET) (CROSS STREET)
SUBDIVISION _____ LOT _____ BLOCK _____ LOT _____
SIZE _____

II. TYPE AND COST OF BUILDING – All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

- 1 ☐ New building
- 2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
- 3 ☐ Alteration (See 2 above)
- 4 ☐ Repair, replacement
- 5 ☐ Fence
- 6 ☐ Decks
- 7 ☐ Porch

B. OWNERSHIP

- 8 ☐ Private (Individual, corporation, non-profit institution, etc.)
- 9 ☐ Public (Federal, State, or local government)

C. COST

(Omit cents)

10. Other TOTAL COST OF IMPROVEMENT \$ _____
- \$ _____
- \$ _____
- \$ _____

D. PROPOSED USE – For “Wrecking” most recent use

Residential

- 12 ☐ One or two family
- 13 ☐ Two or more family – Enter number of units _____
- 14 ☐ Garage
- 15 ☐ Day Care
- 16 ☐ Other – Specify _____

Non-residential

- 17 ☐ Amusement, recreational
- 18 ☐ Church, other religious
- 19 ☐ Industrial
- 20 ☐ Parking garage
- 21 ☐ Service station, repair garage
- 22 ☐ Hospital, institutional
- 23 ☐ Office, bank, professional
- 24 ☐ Public utility

- 25 ☐ School, library, other educational
- 26 ☐ Stores, mercantile
- 27 ☐ Tanks, towers
- 28 ☐ Other – Specify _____

☐ Existing Building

Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant.
If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING

E. PRINCIPAL TYPE OF FRAME

- 29 ☐ Masonry (wall bearing)
- 30 ☐ Wood frame
- 31 ☐ Structural steel
- 32 ☐ Reinforced concrete
- 33 ☐ Other – Specify _____

F. DIMENSIONS

- 34 Number of stories _____
- 35 Total square feet of floor area, all floors, based on exterior dimensions _____
- 36 Total land area, sq. ft. _____

(OVER)

PERMIT NO. _____

Date _____

PLUMBING PERMIT APPLICATION

Enter the number of Fixtures Being Installed, Replaced or Repaired

	Tubs/showers		Laundry Tubs		Sump Pumps
	Shower Stalls		Dishwashers		Grease Traps
	Lavatories		Garbage Disposals		Back Flow Preventers
	Toilets		Drinking Fountains		Water Pumps
	Urinals		Floor Drains		Roof Openings
	Bidets		Water Heaters		Parking Lot Drains
	Sinks		Water Softeners		Inside Downspout
	Sewer Line		Sewage Ejectors		Lawn Sprinklers
	Water Line		Curb Trap		
WATER SERVICE SIZE _____ IN.			TOTAL NO. OF FIXTURES _____		
Install Lateral or drainage				Install Water service	

DESCRIPTION OF WORK

IV. IDENTIFICATION – To be completed by all applicants

Name		Mailing address - Number, Street, City, and State	Zip Code	Tel. No.
1. Owner or Lessee				
2. Contractor Insurance Broker's Tel. No.			Builder's License No.	
3. Architect or Engineer				

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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application date
	Applicant Email Address	