

# SHARON HILL BOROUGH



## APPLICATION FOR PLUMBING PERMIT

250 Sharon Avenue  
 Sharon Hill, PA 19079  
 610-586-8200  
 Fax 610-586-3991

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

### I. LOCATION OF BUILDING

AT (LOCATION) \_\_\_\_\_ (NO.) \_\_\_\_\_ (STREET) \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

BETWEEN \_\_\_\_\_ AND \_\_\_\_\_ (CROSS STREET) \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT SIZE \_\_\_\_\_

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

A. TYPE OF IMPROVEMENT	B. OWNERSHIP	C. COST (Omit cents)
1 <input type="checkbox"/> New building	8 <input type="checkbox"/> Private (Individual, corporation, non-profit institution, etc.)	10. Other TOTAL COST OF IMPROVEMENT \$ _____
2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)	9 <input type="checkbox"/> Public (Federal, State, or local government)	\$ _____
3 <input type="checkbox"/> Alteration (See 2 above)		\$ _____
4 <input type="checkbox"/> Repair, replacement		\$ _____
5 <input type="checkbox"/> Fence		\$ _____
6 <input type="checkbox"/> Decks		\$ _____
7 <input type="checkbox"/> Porch		\$ _____

### D. PROPOSED USE – For "Wrecking" most recent use

Residential	Non-residential	
12 <input type="checkbox"/> One or two family	17 <input type="checkbox"/> Amusement, recreational	24 <input type="checkbox"/> Public utility
13 <input type="checkbox"/> Two or more family – Enter number of units _____	18 <input type="checkbox"/> Church, other religious	25 <input type="checkbox"/> School, library, other educational
14 <input type="checkbox"/> Garage	19 <input type="checkbox"/> Industrial	26 <input type="checkbox"/> Stores, mercantile
15 <input type="checkbox"/> Day Care	20 <input type="checkbox"/> Parking garage	27 <input type="checkbox"/> Tanks, towers
16 <input type="checkbox"/> Other – Specify _____	21 <input type="checkbox"/> Service station, repair garage	28 <input type="checkbox"/> Other – Specify _____
	22 <input type="checkbox"/> Hospital, institutional	<input type="checkbox"/> Existing Building
	23 <input type="checkbox"/> Office, bank, professional	

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	F. DIMENSIONS
29 <input type="checkbox"/> Masonry (wall bearing)	34 Number of stories _____
30 <input type="checkbox"/> Wood frame	35 Total square feet of floor area, all floors, based on exterior dimensions _____
31 <input type="checkbox"/> Structural steel	
32 <input type="checkbox"/> Reinforced concrete	36 Total land area, sq. ft. _____
33 <input type="checkbox"/> Other – Specify _____	

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	MATERIAL TYPE	DIAMETER	LENGTH	NO. CLEANOUTS	Install Water service	MATERIAL TYPE	DIAMETER	LENGTH
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**DESCRIPTION OF WORK**

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**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		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
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