



PLUMBING SUBCODE

Date Received _____
Date Issued _____
Permit # _____

A. APPLICANT COMPLETE ALL APPLICABLE INFORMATION *(when changing contractors notify this office)*

Date _____ Tax Map # 64 _____
Work Site Location _____
Owner _____
Address _____
Tele (____) _____
Contractor _____
Address _____
Tele (____) _____ License # _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Water _____
Est. Cost of Plumbing Work \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent) owner of record and am authorized to make this application

X _____

INSPECTORS

Building Inspector – Michael Stack (724) 493-7793
Electrical Inspector – Joseph McClain (724) 787-1199

Description of work preforming:

No.	Fixture/Equipment	Fee (Office use only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	\$ _____
_____	Lavatory	\$ _____
_____	Shower	\$ _____
_____	Floor Drain	\$ _____
_____	Sink	\$ _____
_____	Dishwasher	\$ _____
_____	Drinking Fountain	\$ _____
_____	Washing Machine	\$ _____
_____	Hose Bib	\$ _____
_____	Water Heater	\$ _____
_____	Fuel Oil Piping	\$ _____
_____	Gas Piping	\$ _____
_____	Steam Boiler	\$ _____
_____	Hot water Boiler	\$ _____
_____	Sewer Pump	\$ _____
_____	Backflow Preventor	\$ _____
_____	Grease Trap	\$ _____
_____	Backflow Preventor	\$ _____
_____	Other	\$ _____
		TOTAL FEE \$ _____