

TOWNSHIP OF HAVERFORD
DEPARTMENT OF CODES ENFORCEMENT

Fee \$ _____ PLUMBING PERMIT APPLICATION _____ 20 _____

The following specification of Plumbing and Drainage, with description and accompanying plan, are submitted for approval:

Location _____

Owner _____ Address _____ Phone _____

Plumber _____ Address _____ Phone _____

Register No _____ New Work _____ Replacement _____

This document shall verify that the above-referenced individual(s) is/are the Property Owners of the Property indicated within the Project Information Section and have identified the Contractor to serve as their duly authorized Agent for the submission of this Permit

All Plumbing Installations Require Rough and Final Township Inspections

FIXTURES

FLOORS	BSMT	1 ST	2 ND	3 RD	4 TH	TOTAL
Dish Washer						
Basins						
Sinks						
Water Closet						
Bath Tubs						
Urinals						
Shower Bath						
Laundry Tubs						
Floor Drains						
Drinking Fountains						
Washing Machines						
Outlets						
TOTAL						

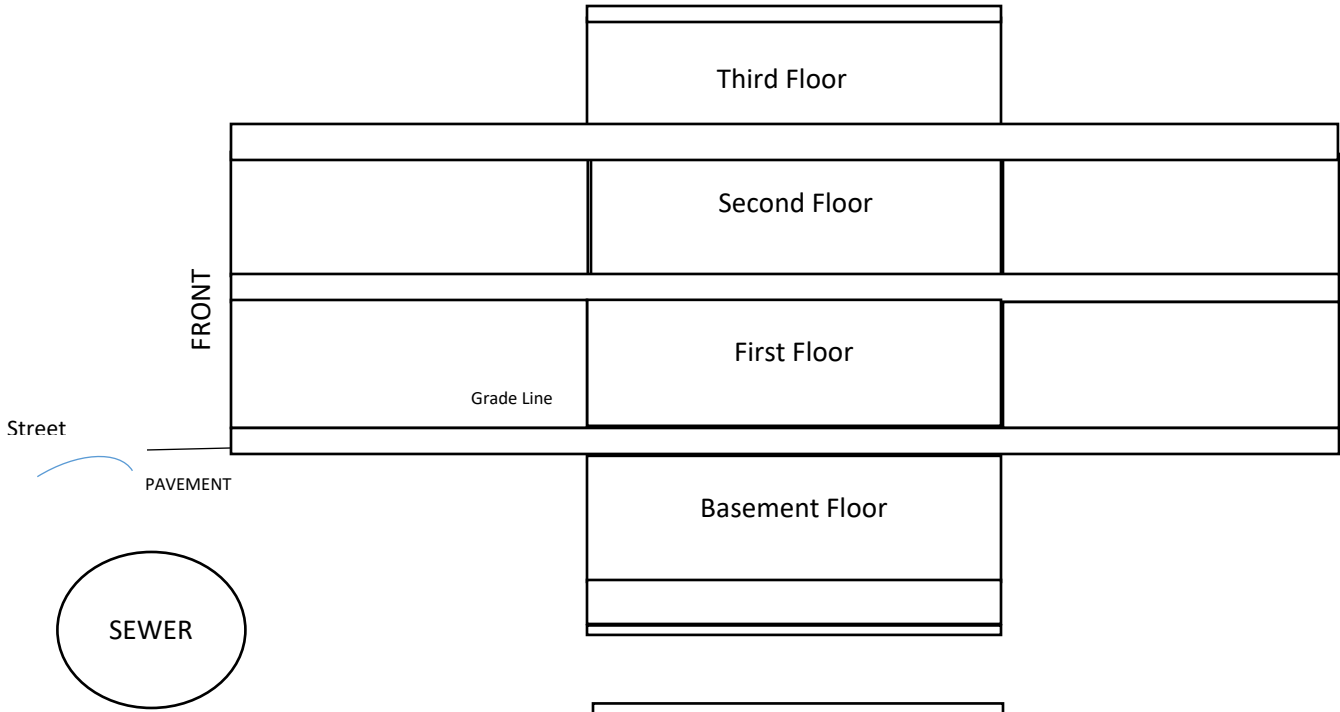
Water Service _____ Soil Pipe _____ Water Heater _____

Garbage Disposal _____ Check Valve _____

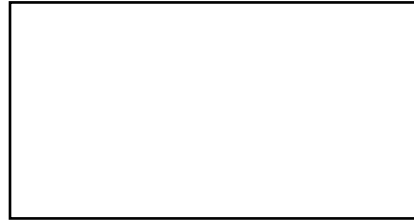
Estimated Cost \$ _____

Hot water Heat (include details below)

Homeowner Signature _____ Contractor Signature _____



CELLAR PLAN



NEW WORK TO BE
SHOWN IN RED;
OLD WORK TO BE
SHOWN IN BLACK