

FOR OFFICE USE ONLY

PERMIT NO _____

ISSUE DATE _____ ISSUED BY _____

PERMIT FEE \$ _____

DENIED DATE _____ DENIED BY _____

CHADDS FORD TOWNSHIP PLUMBING PERMIT APPLICATION

10 Ring Road, Chadds Ford, PA 19317 Phone: (610) 388-8800

Fax: (610) 388-5057 E-mail: info@chaddsfordpa.gov

Property Owner _____ Phone No. _____

Address _____ Fax No _____

E-MAIL _____

Property Location _____

Parcel # _____ Zoning District _____

Contractor _____

Address _____ Phone No. _____

_____ Fax No. _____

PA License No. _____ E-MAIL _____

Architect /Engineer _____

Address _____ Phone No. _____

_____ Fax No. _____

PA NO. _____ E-MAIL _____

Type of Improvement	Proposed Use
<input type="checkbox"/> New Building	<input type="checkbox"/> Residential
<input type="checkbox"/> Alteration	<input type="checkbox"/> 1 & 2 Family Dwelling
<input type="checkbox"/> Addition	<input type="checkbox"/> Garage
<input type="checkbox"/> Other (Specify below)	<input type="checkbox"/> Commercial (Specify below)

Description of work _____

Square footage of project _____

Cost of construction \$ _____

Is there a private septic system? YES ____ NO ____ New or Existing _____

Is there a public sewer connection? YES ____ NO ____ New or Existing _____

Enter the number of fixtures being replaced or installed

Fixtures	Qty	Fixtures	Qty	Fixtures	Qty
Water Closet /Urinal		Water Heater		Grease Trap	
Bathtub		Drink Fountain		Interceptor	
Lavatory / Sink		Steam Boiler		Backflow Device	
Shower / Floor Drain		Water Utility Connection		Reduced Pressure	
Washing Machine		Sewer Utility Connection		Vent Stack	
Dishwasher		Hose Bib		Other _____	
Garbage Disposal		Sewer Ejector		Other _____	
Refrigerator		Air Conditioner Unit		Other _____	

PLEASE ATTACH TWO COPIES OF THE PLUMBING PLANS

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 as his authorized agent. I hereby attest to the information on this application to be accurate and true to the best of my ability. I agree to conform to all applicable laws of Chadds Ford Township and certify that the code official or code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable of such permit.

Signature _____ Application Date _____

Plumbing Permit Fee and Plan Review Schedule - Residential and Commercial

Plumbing Permit Fee - \$50 for the first \$1000 of cost plus \$20 for each \$1000.00 of cost or a fraction thereof; minimum fee \$50

PLAN REVIEW (other than Electrical)

Residential \$0.10 per sq. ft.
Commercial \$0.15 per sq. ft.

Please add \$4 for the UCC fee (one time charge if applying for more than one permit)

For additional fees please see our fee schedule at www.chaddsfordpa.gov