

**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](mailto: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 \_\_\_\_\_

<b>Enter the number of fixtures being replaced or installed</b>					
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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**

**For applicable fees please see our fee schedule at [www.chaddsfordpa.gov](http://www.chaddsfordpa.gov)**