



Township of Spring Plumbing Application

Plumbing Contractor _____

Contractor Phone No. _____ Contractor Email _____

Contractor Address _____ PA Contractor # _____

Property Owner _____ Phone No. _____

Owner Address _____

Location of proposed work _____

Type of Work New Alteration Addition Repair

Use of property: Residential Commercial Industrial

Item	Floor	Trap Type	Number	Pipe Size	Material	Vent Size & Material
Stacks						
Sinks						
Bathtubs						
Water Closet						
Lavatory						
Tanks & Heaters						
Laundry Try						
Water Distribution System						
Floor Drains						
Sewage Ejector						
Fountain (Drinking)						
Sump						
Showers						
Urinal / Bidet						
Dishwasher						
Garbage Grinder						
Washing Machine Standpipe						
Grease Trap						
Sewer Lateral						
Other _____						

Note: This Permit is contingent upon all work being in compliance with the PA Uniform Construction Code and other applicable Township Regulations.

The Applicant Certifies that all the information given is true and correct and that all applicable Codes and Ordinances will be complied with.

Cost of Improvement \$ _____

Applicant Signature _____

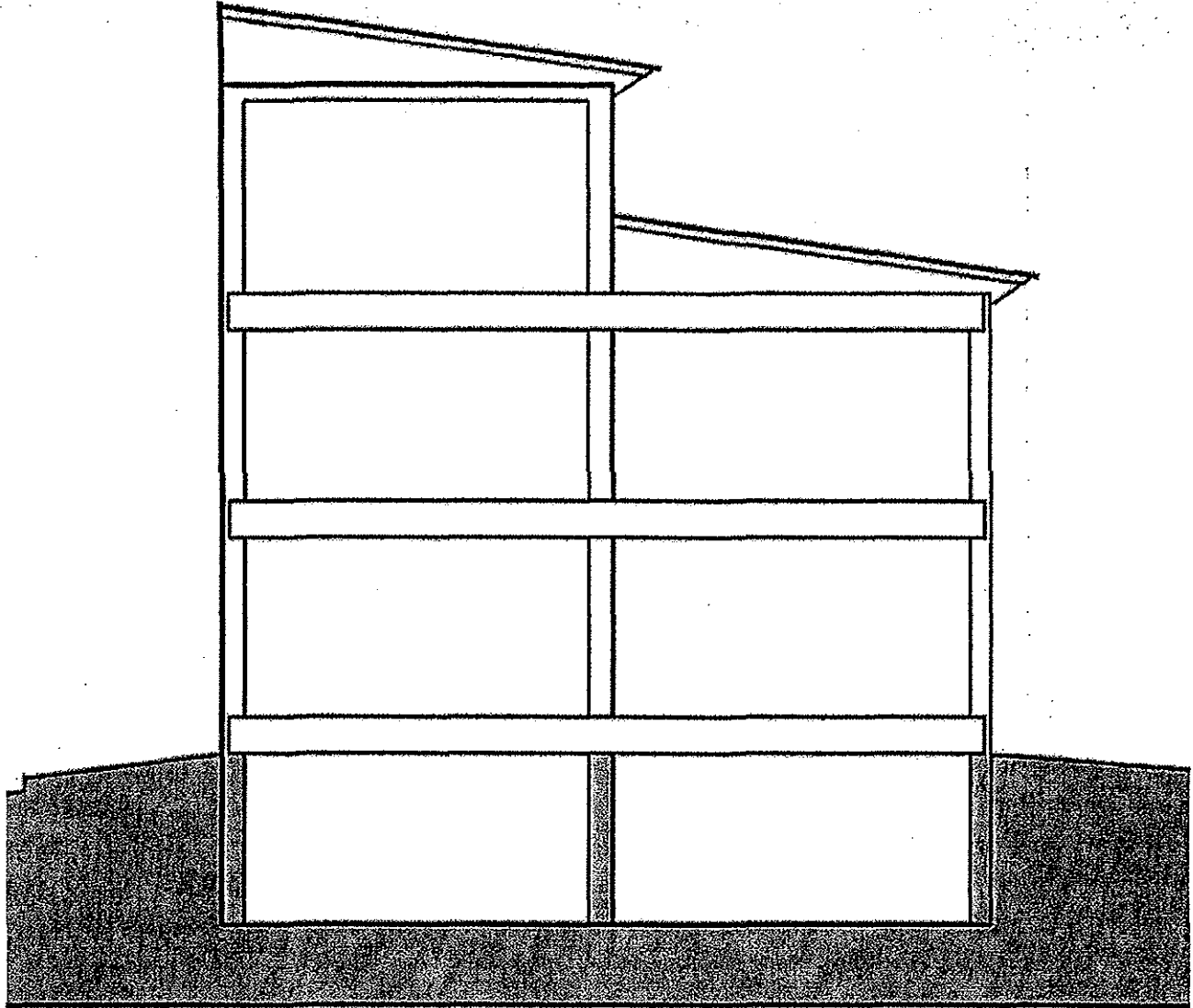
Application Date _____

Approved _____

Permit Fee _____ **Issue Date** _____

Denied _____

Permit No. _____



LOCATION: _____