APPLICATION FOR PLUMBING PERMIT
CITY OF SCRANTON

DATE:_____

Application is hereby made on behalf of the owner of premises herein described for a plumbing permit and the following statements of fact and answers to questions are represented as true and correct.

1. Contractor: _____ _____ License No.: _____
2. Contractor's Address: _____
3. Insurance Expiration Date: _____ Phone No.: _____
4. Name of Owner(s): _____
5. Address of Owner(s): _____
6. Location of Proposed Job Site: _____
7. Class of Work: New Addition Alteration Repair
8. The Total Cost of the Proposed Plumbing Operation, Labor and Materials: $_____
9. All licensed contractors applying for a permit must submit a complete executed copy their contract and insurance for the proposed work before a permit can be issued.
10. Description of Work to be Performed:

_____
_____
_____

NUMBER AND LOCATION OF FIXTURES

	Basement	1st	2nd	3rd	4th	5th	6th	7th	8th
Water Closets									
Lavatory									
Baths									
Showers									
Sinks									
Trays									
Clothes Washer									
Floor Drain									
Urinals									
Water Heater									
Sewer Conn. #									
Water Service									

NOTE: THE ANSWERS AND INFORMATION PROVIDED ABOVE DOES NOT WAIVE THE REQUIREMENTS AND CONDITIONS REQUIRED BY THE CITY OF SCRANTON ZONING ORDINANCE FILE OF COUNCIL NUMBER 74 OF 1993.

FURTHER, ANY RELIEF GRANTED BY THE APPROVAL OF THIS PLUMBING PERMIT, DOES NOT WAIVE OR IMPLICITLY APPROVE ANY RELIEF REQUIREMENTS REQUIRED BY OTHER CITY ORDINANCES, INCLUDING BUT NOT LIMITED TO THE CITY OF SCRANTON ZONING ORDINANCE.

FURTHER, IF ANY OF THE ANSWERS TO QUESTIONS HEREIN OR INFORMATION PROVIDED HEREIN ARE FALSE OR A MISREPRESENTATION SHALL VOID THIS PERMIT AND SAME WILL BE REVOKED.

I swear or affirm that my statements and answers above are true and complete to the best of my knowledge and belief. I also realize that I will be subject to criminal penalties provided by 18 PA.C.S. §4903 and 4904 if I have provided false answers and statements.

_____ _____ _____
Signature of Licensed Contractor Date Check No.

APPROVED: YES NO DATE: _____ _____
SIGNATURE OF PLUMBING INSPECTOR