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C/O



# PLUMBING SUBCODE TECHNICAL SECTION

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.

Work Site Location \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tele. ( ) \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tele. ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 Lic. No. \_\_\_\_\_ PA.HIC.# \_\_\_\_\_  
 Federal Emp. No. \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
 Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
 Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
 Est. Cost of Plumbing Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

<b>PLAN REVIEW</b>	<b>INSPECTIONS</b>	<b>Dates (Month/Day)</b>
[ ] No Plans Required	Type:	Failure
Joint Plan Review Required:	Slab	Approval
[ ] Building [ ] Electric	Rough	Initial
[ ] Fire [ ] Elevator	Water	
[ ] Plumbing Plans Approved	Sewer	
Date:	Fixtures	
Approved by:	Gas Equipment	
	Gas Piping	
<b>SUBCODE APPROVAL</b>	Solar	
[ ] CO [ ] CCO [ ] CA	TCO	
Date:		
Approved by:		

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature \_\_\_\_\_

Date Received \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Permit # \_\_\_\_\_

**D. TECHNICAL SITE DATA (List of all fixtures.)**

NO.	FIXTURE/EQUIPMENT
_____	Water Closet
_____	Urinal/Bidet
_____	Bath Tub
_____	Lavatory
_____	Shower
_____	Floor Drain
_____	Sink
_____	Dishwasher
_____	Drinking Fountain
_____	Washing Machine
_____	Hose Bibb
_____	Water Heater
_____	Fuel Oil Piping
_____	Gas Piping
_____	Steam Boiler
_____	Hot Water Boiler
_____	Sewer Pump
_____	Interceptor/Separator
_____	Backflow Preventer
_____	Greasetrap
_____	Sewer Connection
_____	Water Service Connection
_____	Stacks
_____	Other
_____	Other
_____	Other

Administrative Surcharge \$ \_\_\_\_\_  
 UCC Inspection \$ \_\_\_\_\_  
 PA L&I \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

FEE (Office Use Only) \$ \_\_\_\_\_