



DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

CHECKLIST FOR OBTAINING AN PLUMBING PERMIT

- A complete and thorough description of the work to be undertaken with the permit.
- The applicant must complete an ***Application for Plumbing Permit***. All questions shall be completed or marked N/A to expedite permit processing and issuance. **This includes the Property Map Id #.**
- Only contractor or authorized agent can submit application. Proof of ownership or authorized agent representing property is required.
- if the owner is other an a individual such as a company, corporation or other fictitious name, the applicant must provide proof the application is being made by an authorized corporate officer of a Corporation/Company or authorized partner of a Partnership, LP or LLP.
- A fully executed contract with the property owner must accompany the application.
- A completed Sub-Code application form
- Copy of the City of Scranton issued Contractors License and proof of insurance.

Questions regarding permits can be directed to LIPs @ 570-348-4193

Failure to submit a complete application package will result in the application being returned un-reviewed.

PLEASE REMOVE THIS PAGE PROIR TO SUBMITTING APPLICATION

Remember PA One-Call before excavating; simply dial 811, or www.paonecall.org.



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APPLICATION FOR A PLUMBING PERMIT

1. Address of Job Site: _____

2. Is the Property Condemned? Yes No [CITY USE M YES M NO]

- If yes, is the city treasurer holding a performance bond or cashier's check until the improvements are completed and approved? Yes No
If yes, did this Department conduct an inspection at this location? Yes No

3. Property Map Id Number(Required) _____

4. Name of Listed Property Owner: _____

- if the owner is other an a individual such as a company, corporation or other fictitious name, the applicant must provide proof the application is being made by an authorized corporate officer of a Corporation/Company or authorized partner of a Partnership, LP or LLP.

5. Authorized Agent of Property _____

6. Address of Property Owner: _____

7. Owner Phone # (_____) _____ Email _____

8. Is the Property Located in a Flood Zone? Yes No

9. Is the property Currently Fire Damaged? Yes No

- If yes, is the city treasurer holding insurance proceeds until the improvements are completed and approved? Yes No

10. Is Existing use of Property a Single Family Dwelling? Yes No

- If multi dwelling, how many units? _____

[CITY USE/REGISTERED M YES M NO]

11. Is the Property/Space a New or Existing Business? Yes No

- What type of business? _____
If yes, is there a certificate of occupancy on file/filed for? Yes No

12. Has this property been vacant for the past six (6) months? Yes No

13. Were Construction Prints Submitted by a Licensed Architect/Engineer? Yes No N/A

- If yes, are plans approved? Yes No _____

NO WORK IS TO BE STARTED UNTIL APPLICANT RECIEVES AN APPROVED PERMIT AND IT IS POSTED AT THE JOB SITE.

14. Detailed description of Plumbing work (*only*) being performed:

15. Total cost of the proposed electrical portion (*not including Electrical, mechanical or building, for which separate permits are required*) of all labor and materials for construction:

\$ _____

****NOTE: ALL WORK SHALL COMPLY WITH THE PENNSYLVANIA UNIFORM CONSTRUCTION CODE, ACT 45 OF 1999****

****ALL PERMITS ARE TO BE FILLED OUT IN FULL. FAILURE TO DO SO MAY RESULT IN THE RETURN OF THE PERMIT. ****

PERMITS WILL BE ISSUED TO LICENSED CONTRACTORS OR HOME OWNER OCCUPANTS ONLY, HOME OWNER MUST LIVE AT THE PROPERTY IN ORDER TO PERFORM APPROVED WORK.

ALL LICENSED CONTRACTORS APPLYING FOR A PERMIT MUST SUBMIT A COMPLETE EXECUTED COPY OF THEIR CONTRACT AND INSURANCE FOR THE PROPOSED WORK BEFORE THE PERMIT IS ISSUED.

16. Contractor Identification- To be completed by all applicants. (*To be filled out in full*)

Contractor's Name (Not business name) _____

Contactors Address _____

Contractor's Business Name: _____

Contractor's Phone (_____) _____ Email _____

City of Scranton Contractor's License Number _____

Contractor's PA Registration Number _____

*****If Applicable*****

Architect's/Engineer's Name: _____

Architect's/Engineer's Address: _____

Architect's/Engineer's Phone: (_____) _____ Email _____

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ADANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

*THE ANSWERS AND INFORMATION PROVIDED IN ABOVE DO NOT WAIVE THE REQUIREMENTS AND CONDITIONS REQUIRED BY THE CITY OF SCRANTON ZONING ORDINANCE FILE OF COUNCIL 74 OF 1993.

*FURTHER, ANY RELIEF GRANTED BY THE APPROVAL OF THIS BUILDING 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 ARE FALSE OR A MISREPRESENTATION, SHALL VOID THIS PERMIT AND THE SAME WILL BE REVOKED
