

# PLUMBING SUBCODE TECHNICAL SECTION



DATE RECEIVED

DATE ISSUED

PERMIT #

R/N

R/O

C/N

C/O

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

Work Site Location \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

License Number \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_ PA. HIC # \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group \_\_\_\_\_ Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Est. Cost of Plumbing Work \$ \_\_\_\_\_

**D. TECHNICAL SITE DATA (List of All Fixtures)**

No.	FIXTURE/EQUIPMENT	FEE ( OFFICE USE ONLY)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
_____	Other _____	_____
_____	Other _____	_____

**JOB SUMMARY ( OFFICE USE ONLY )**

**PLAN REVIEW**

No Plans Required

**Joint Plan Review Required:**

Building  Plumbing

Fire  Elevator

Plumb Plans Appr.

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

**SUBCODE APPROVAL**

CO  CCO  CA

**INSPECTIONS DATES ( MONTH/DAY)**

TYPE:	FAILURE	FAILURE	APPROVAL	INITIAL
Slab	_____	_____	_____	_____
Rough	_____	_____	_____	_____
Water	_____	_____	_____	_____
Sewer	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____
Solar	_____	_____	_____	_____
TCO	_____	_____	_____	_____

DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

I HEREBY CERTIFY I AM THE ( AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION

SIGNATURE \_\_\_\_\_

<b>ADMINISTRATIVE CHARGE</b>	\$ _____
<b>UCC INSPECTION</b>	\$ _____
<b>PA L&amp;I</b>	\$ _____
<b>TOTAL</b>	\$ _____