



Lower Gwynedd Township

1130 N. Bethlehem Pike, P.O. Box 625

Spring House, PA 19477

(215)646-5302- phone

(215)646-3357-fax

www.lowergwynedd.org

APPLICATION FOR PLUMBING PERMIT

TYPE	NEW BUILDING	ADDITION	OLD BUILDING	DATE:	PERMIT NO.
NUMBER OF STORIES				FEE:	PLAN NO.
USE OF BUILDING				REGISTER NO.	

THE UNDERSIGNED APPLIES FOR A PERMIT TO CONSTRUCT THE FOLLOWING PLUMBING WORK:

LOCATION OF PROPERTY: _____

REF. BUILDING PERMIT: _____

TABLE OF NEW FIXTURES (\$15.00 each if not noted)- **Diagram on last sheet to be completed**

FLOORS	YARD	BASEMENT	1 ST	2 ND	3 RD	4 TH	5 TH	6 TH	7 TH	8 TH	9 TH	10 TH	TOTAL:
Water Closets													
Bath Tubs													
Shower/Bath													
Lavatories													
Sinks													
Wash Tubs													
Slop Hopper													
Urinals													
Outlets													
Drainage Wells													
*\$35 Garbage Grinder													
*\$150 Ejector Pump													
Gas Line													
Water Heater													
BYPASS METER													

Is Connection to be made to Sewer? Y or N	Main House Drain Size: Above Ground <input type="checkbox"/> Below Ground <input type="checkbox"/>	Soil Pipe Size	Where Does Air Inlet Open?
Total Drainage Area:	Grade of Main Drain:	Minimum Ventilation Toilet Compartment: Upper Floor Sq. Ft.: Basement Sq. Ft.:	

All proposed work under this application must be shown on plans and section. All vertical lines of soil, waste, leader and refrigerator pipes shall be designated by numbers or letters. A soil or waste line and its attendant vent line may be considered as one stack and so numbered or lettered. All work, materials and construction will be in accordance with the rules and regulations of the plumbing code.

Homeowner Name: _____

Address of work to be performed: _____

Email: _____ Phone: _____

Signature of homeowner: (must have homeowner sign or include a copy of a signed contract)

X: _____

Plumbing Company: _____

Address: _____

Name of Master Plumber: _____

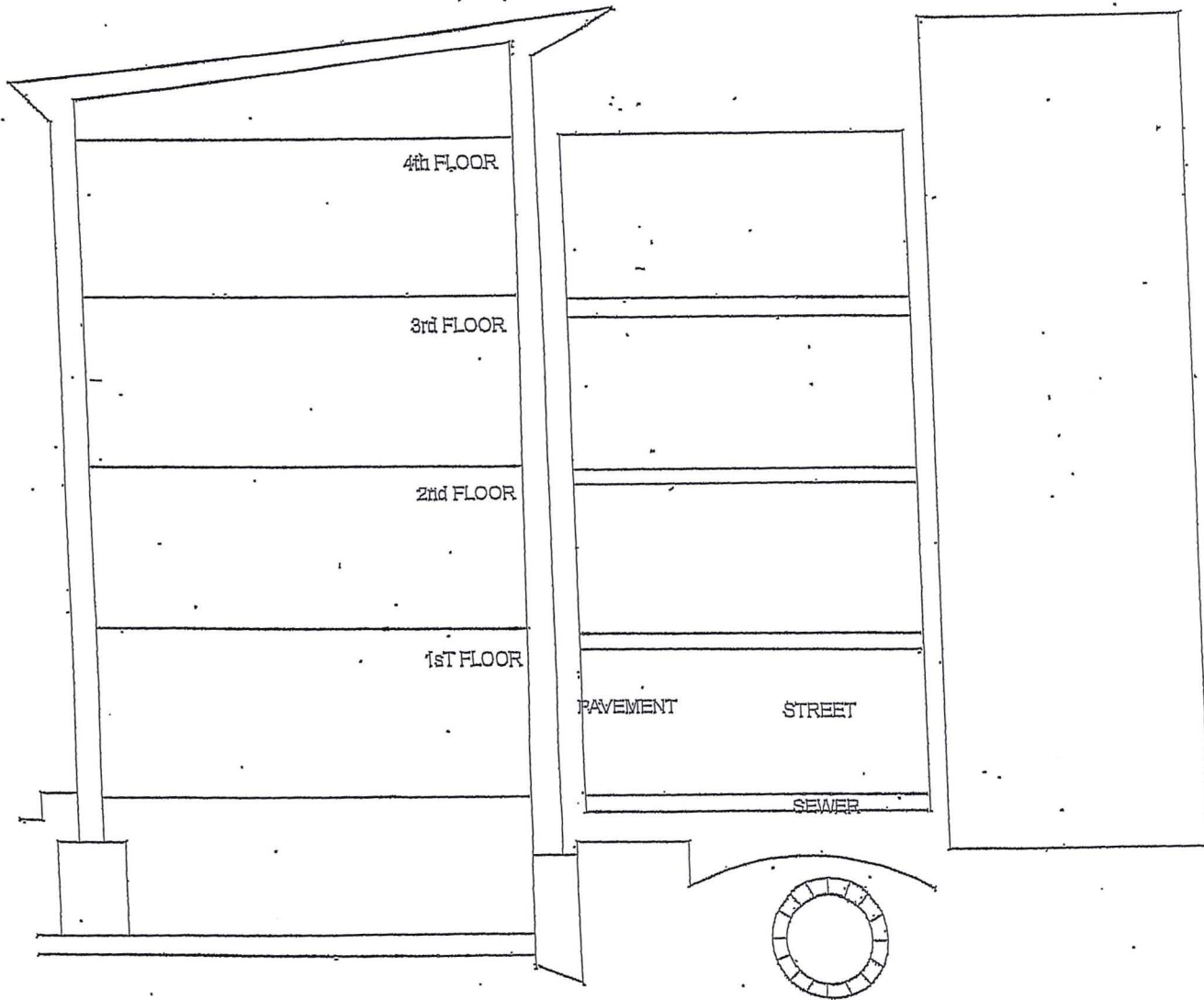
Email: _____ Phone: _____

Signature of Master Plumber: _____ Current LGT License. #: _____

ELEVATION

FLOOR PLAN

CELLAR PLAN



LOCATION _____

EXAMINER'S REPORT

Spring House, PA, _____, 20

This is to certify that I have examined this detailed statement together with a copy of the plans and specifications, relating thereto and find the same to be in accordance with the specifications covering the rules and regulations of the Plumbing Code and entered into the records of this department.

Examiner.

INSPECTOR'S REPORT

Inspected Main Trap: _____
 Inspected Underground Work: _____
 Inspected Vertical Soil Pipes: _____
 Inspected Waste Line Pipes: _____
 Inspected Trash: _____
 Remarks: _____

This is to certify that the plumbing work constructed under this permit has been finally inspected and all work found in accordance with the approved plans and specifications covering the rules and regulations of the Plumbing Code.

Inspector

Date _____, 20