



1130 N. Bethlehem Pike
Spring House, PA 19477
215.646.5302 (p) 215.646.3357 (f)

APPLICATION FOR PERMIT

(All below relevant fields must be filled out prior to submission)

Parcel Information (must be filled out for all work):

Address of work to be performed: _____

Property Type: ☐ Residential ☐ Commercial Zoning District: _____

Parcel Owner Name: _____

(copy of signed contract must be included with submission)

Parcel Owner Address: (if different than address listed above)

_____ Parcel Owner Phone: _____

Parcel Owner Email: _____

Contractor Information (current COI is required with each submission):

Business Name: _____ Contractor Name: _____

Business Address: _____

Business Phone: _____ Cell Phone: _____

Email: _____

HIC PA License #(residential work): PA _____ LGT Contractor License # (commercial work): C- _____

Architect/Engineer information:

Name: _____

Phone: _____ Email: _____

Plumbing Permit Information:

Plumbing Contractor Information (current COI is required with each submission)

Business Name: _____

Business Address: _____

LGT Current Master Plumber License #: P- _____ Phone: _____

Email: _____ Cost of Work: \$ _____

BELOW FIXTURE TABLE MUST BE FILLED OUT:

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

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. I do hereby attest that the information provided on this application is true, and that I am versed in the Lower Gwynedd Township Plumbing Ordinance; and further, I understand that I am responsible for meeting the requirements of these codes on all work performed in Lower Gwynedd Township

Approved By BCO: _____ Date: _____

Zoning Officer's Signature: _____ Date: _____ LGT PERMIT # _____



DETERMINING THE DIAMETER OF NG/LP PIPING

TOTAL BTU'S OF NG/LP APPLIANCES (INCLUDING GENERATOR) IN BUILDING: _____

TOTAL BTU'S ON DEDICATED LINE: _____

INLET PRESSURE: _____ OR _____
W.C. INCHES PSI

FT OF PIPE RUN PROPOSED: _____ + _____ = _____
FT. #BENDS X (FACTOR) TOTAL # FT.

FACTOR

GENERAC AND HONEYWELL NG AND LP ADD 2.5 FT. FOR EACH BEND

KOHLER NG AND LP ADD 8 FT. FOR EACH BEND

GAS PIPING MATERIAL PROPOSED (PLEASE CHECK MATERIAL PROPOSED)

GALV _____ PLASTIC _____ CSST _____ - TUBE SIZE(EHD) _____ COPPER _____

DIAMETER GAS PIPING PROPOSED: _____

NOTES:

- A. PRESSURE TEST OF 1.5x THE OPERATING PRESSURE FOR NG/LP REQUIRED (PERFORMED IN THE PRESENCE OF CODE INSPECTOR);
- B. GALVANIZED PIPE MUST BE A MINIMUM OF 3-1/2" ABOVE GROUND;
- C. PLASTIC, COPPER NOT PERMITTED ABOVE GROUND UNLESS SLEEVED; CSST MUST BE SLEEVED IF INSTALLED BETWEEN GROUND AND A HEIGHT OF 6' FEET.