



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)*

**NOTE: EFFECTIVE JANUARY 1, 2026 ALL PERMIT SUBMISSIONS MUST FOLLOW THE 2021 ADOPTED PAUCC CODES (CONTRACT REFLECTING AGREEMENT SIGNED PRIOR TO JANUARY 1, 2026 MUST BE INCLUDED IN PERMIT SUBMISSION TO SUBMIT PLANS UNDER THE 2018 IBC. 2018 CUT OFF DATE = JULY 1, 2026)**

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: \_\_\_\_\_



**Electrical Permit Information:**

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

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

LGT Current Master Electrician License #: EL-\_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cost of Work: \$ \_\_\_\_\_

Description of Electrical Work to be Performed:

\_\_\_\_\_

\_\_\_\_\_

Electrical Inspection Agency **(all electrical plans must have a third-party stamp prior to submission)**:

- Middle Atlantic Electrical Inspections
  - Code Inspections
  - United Inspection Agency
- \_\_\_\_\_

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

Signature of Master Electrician: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By BCO: \_\_\_\_\_ Date: \_\_\_\_\_

LGT Permit #: \_\_\_\_\_

## 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 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>	6 <sup>TH</sup>	7 <sup>TH</sup>	8 <sup>TH</sup>	9 <sup>TH</sup>	10 <sup>TH</sup>	TOTAL:
Toilets													
Bath Tubs													
Shower/Bath													
Lavatories													
Sinks													
Wash Tubs													
Slop Hopper													
Urinals													
Outlets													
Inground Pools													
*\$35 Garbage Grinder													
*\$150 Ejector Pump													
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: \_\_\_\_\_

**HVAC Permit Information:**

**RESIDENTIAL WORK: ATTACHED ACCA FORM AND MANUAL CALCULATION MUST BE SUBMITTED WITH YOUR APPLICATION – NOTE: GAS LINE INSTALLATIONS REQUIRE A CURRENT LGT MASTER PLUMBER LICENSE OR A CURRENT GAS LINE CERTIFICATION CARD THAT MUST BE ATTACHED WITH THIS APPLICATION.**

**COMMERCIAL WORK: ALL INFORMATION REQUIRED TO DETERMINE CODE COMPLIANCE MUST BE PROVIDED WITH YOUR APPLICATION (Lower Gwynedd Contractor's License is required for all commercial work)**

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

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Gas Line Installations: LGT Master Plumber # P-\_\_\_\_\_ Gas Line Certification #: \_\_\_\_\_

HIC PA License # (residential work): PA\_\_\_\_\_ LGT Contractor License #: C-\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cost of Work: \$ \_\_\_\_\_

Description of HVAC Work to be Performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LGT PERMIT # \_\_\_\_\_

Approved By BCO: \_\_\_\_\_ Date: \_\_\_\_\_