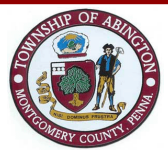


Application for Plumbing Permit

Abington Township, PA

1176 Old York Road, Abington PA 19001, Fax: 215-884-8271, Telephone: 267-536-1000



Property Information

Owner Information

Property Owner

Job Location

Address

City/State/Zip

Email Telephone

Lot Block Parcel # Unit # Lot Size Zoning Ward

Application Information

Permit # Plumber Name

Date Plumber Address

Permit Fee Plumber Phone #

Payment Type Plumber email

Receipt Number Plumber license #

If this is a sub-permit of a general permit, please enter the general permit number here. (If this is a stand-alone permit ignore this field.)

By signing this application, the applicant certifies that all information on this application is correct and the work will be completed in accordance with the approved construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality.

Applicant Signature _____

DESCRIPTION OF PLAN AND ABSTRACT OF SPECIFICATIONS

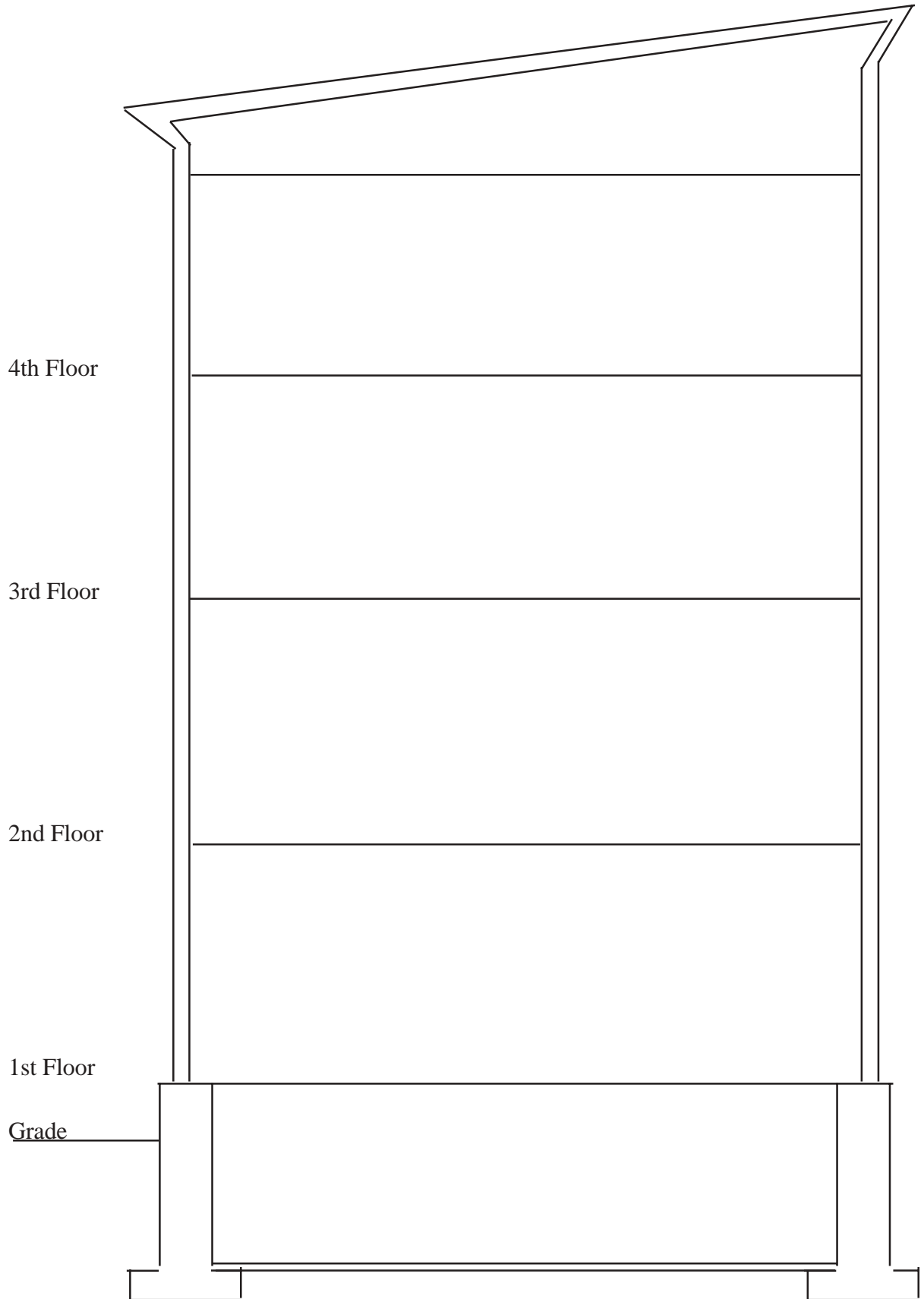
All work, materials and construction to be in accordance with the rules and regulations of the Township of Abington Department of Code Enforcement and Land Development, and to comply therewith in all particulars.

Show on Back: Elevation showing pipe sizes in sketch. List new fixtures in BLUE or BLACK ink, list old fixtures in RED ink.

	Basement	First	Second	Third	Fourth	Fifth	Total Fixtures	Type Fixtures	Fixture Units
Lavatories									
Water Closets									
Bath Tubs									
Shower Baths									
Bidet									
Urinals									
Sinks									
Service Sinks									
Special Sinks									
Combination Sink and Tray									
Laundry Tray									
Washing Machine									
Dish Washer									
Garbage Disposal									
Drinking Fountain									
Floor Drains									
Other									
Totals									

Permit Fee \$ _____ Job Cost \$ _____ Approved Plumbing Inspector _____

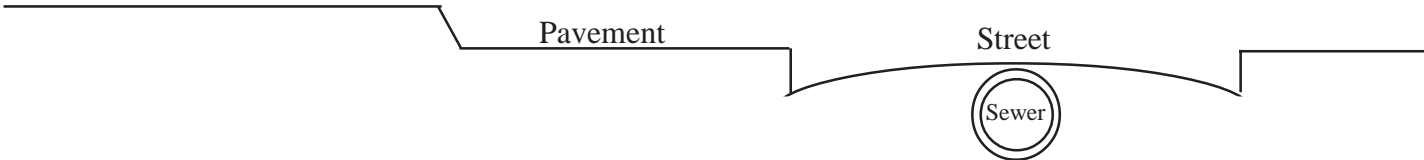
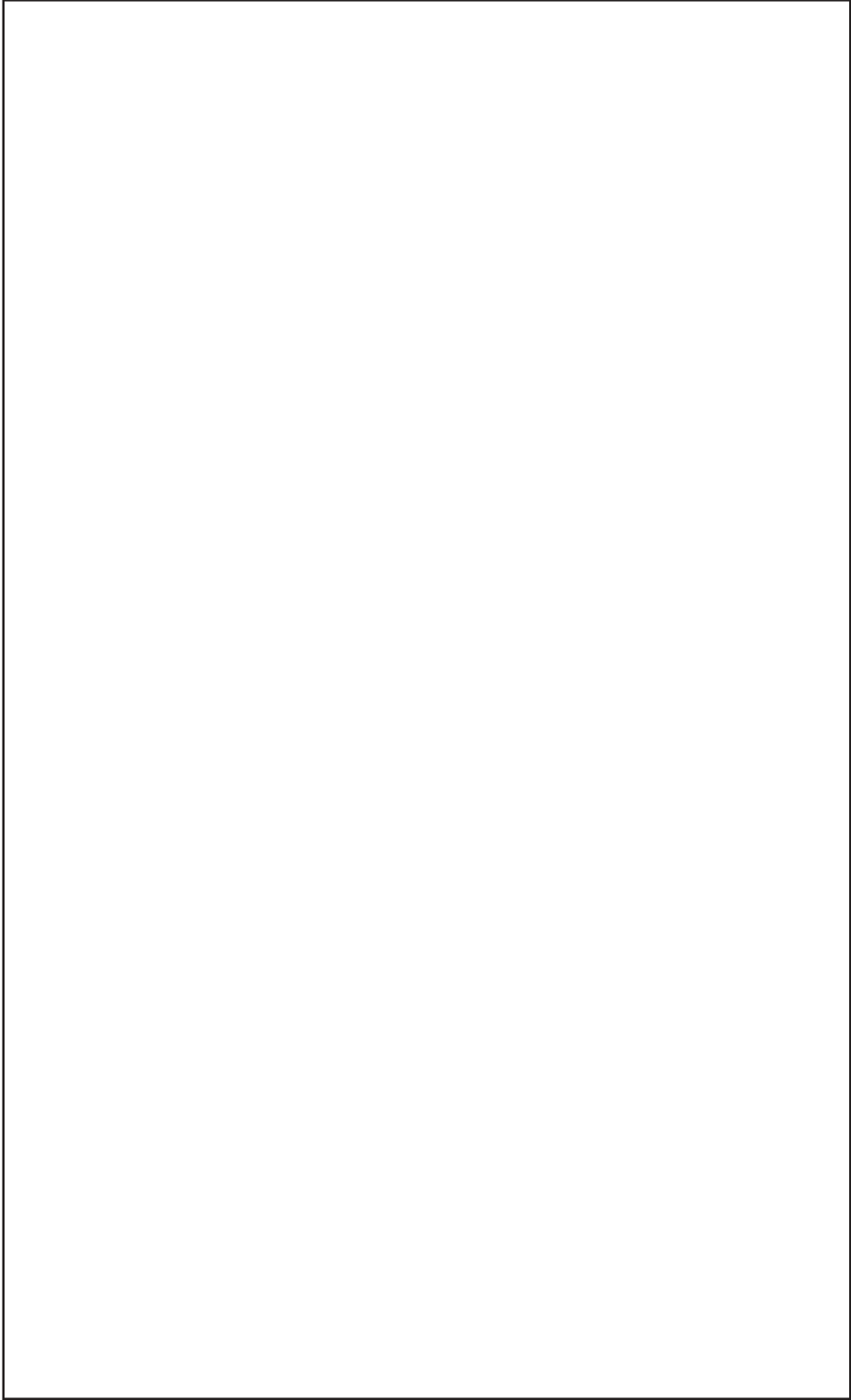
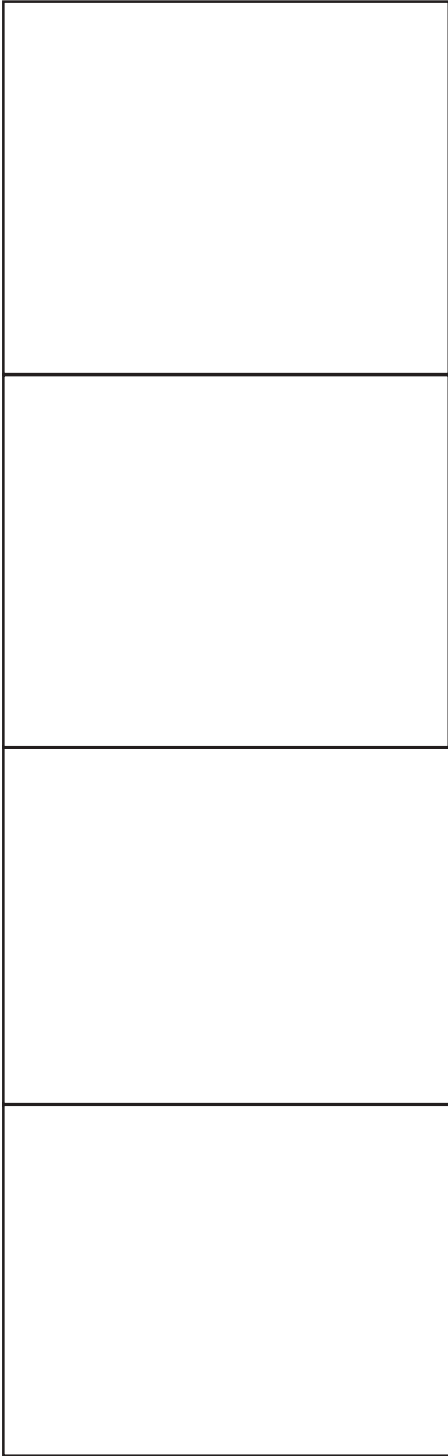
ELEVATION SHOWING PIPE SIZES



New work to be shown in **BLACK** ink.. Old work to be shown in **RED** ink.

**PLAN VIEW OF ENTIRE DRAINAGE SYSTEM DRAWN TO SCALE,
SHOWING ALL WORK BELOW GROUND FLOOR LEVEL, AND
SHOW PIPE SIZES.**

FLOOR PLANS



REMARKS

BUREAU OF HEALTH & SANITATION

TOWNSHIP OF ABINGTON DEPARTMENT OF CODE ENFORCEMENT AND LAND DEVELOPMENT BUREAU OF HEALTH AND SANITATION

New Work _____

Date _____

Old Work _____

TO THE DEPARTMENT OF CODE ENFORCEMENT & LAND DEVELOPMENT:

Plan & Permit No. _____

The following abstract of specifications of Plumbing and Drainage, with description and accompanying plan, are submitted for approval:

Premises of:

Owner _____

Plumber _____

Field _____ 20 _____

Address _____

INSPECTOR'S REPORT

Registered Number _____

Inspected House Sewer _____

Owner _____

Inspected House Drain _____

Address _____

Inspected Vertical Soil Pipes _____

Tenant _____

Inspected Waste Pipes _____

Address _____

Inspected Test _____

Architect _____

Inspected Septic Tank _____

Address _____

Inspected Tile Field _____

Class of Building _____

Inspected Cesspool _____

Number of Stories _____

Location: Side of _____ Street

_____ Feet _____ of _____ Street

Town _____ Ward _____

DESCRIPTION OF PLAN AND ABSTRACT OF SPECIFICATIONS

All work, materials and construction to be in accordance with the Rules and Regulations of the Township of Abington Department of Code Enforcement & Land Development, and to comply therewith in all particulars.

Size & Number of Soil Stacks _____

Size of House Drain _____

Size of House Sewer _____

Type of Sewage Disposal _____

If Cesspools, give dimensions and number _____

If Septic Tank, give type and capacity _____

Type of Final Disposal, Area, etc. _____

Garbage Disposal

Make _____

Model _____

Serial # _____

FINAL INSPECTION

Date _____

All work found in accordance with the plans, specifications and regulations.

Inspector _____