

APPLICATION FOR PLUMBING PERMIT



City of Warren Building Code Department

318 West Third Avenue - Warren, PA 16365

Phone (814)723-6300 - Fax (814) 723-3242

www.cityofwarrenpa.gov

PROPERTY INFORMATION:

Address: _____ City, Borough or Township: _____
(Please Circle)

Owner: _____

Phone #: _____ Cell #: _____

Contractor: _____ Contact: _____

Phone #: _____ Cell #: _____

DESCRIPTION OF WORK: Residential ____ Commercial ____ New ____ Replacement ____ Repair

(Check all that apply, use additional sheet if necessary)

NUMBER OF FIXTURES BEING INSTALLED, REPLACED OR REPAIRED: (Enter total here: _____)

Sewer Lateral ____ Water Service ____ Drain Lines ____ Water Heater ____ Toilet ____
Urinal ____ Lavatory ____ Bathtub ____ Shower ____ Sink ____ Garbage Disposal ____
Dishwasher ____ Laundry Tub ____ Floor Drain ____ Stop Sink ____ Wash Tray ____
Drinking Fountain ____ Sump Pump ____ Sewage Injector ____ Back Flow Preventer ____
Water Pump ____ Water Treatment ____ Standpipe Hose Outlets ____ Fire Sprinkler Heads ____

The applicant certifies that all information on this application is correct and that 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. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the local governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations. The applicant certifies he/she will contact the Building Code Department to schedule all required inspections prior to covering and permit inspection personnel to enter areas covered by such permit at reasonable times to enforce the provisions of the code(s) applicable to such permit. This permit becomes null and void if the work authorized is not commenced within 180 days of the date of issuance, or if the work is abandoned or suspended for a period of 180 days. **CALL PA ONE CALL AT (800) 242-1776 BEFORE YOU DIG... IT'S THE LAW!**

Applicant Signature: _____ Date: _____

******* A 48 HOUR ADVANCED NOTICE IS REQUIRED WHEN SCHEDULING AN INSPECTION *******

OFFICE USE ONLY - THIS IS YOUR RECEIPT FOR PAYMENT

Permit Approved? Yes No By: _____ Date: _____

Permit Fee: \$ _____ Payment Type: Cash Check Permit No: _____