

Date Received: _____

Permit No. _____

UPPER MILFORD TOWNSHIP ~ LEHIGH COUNTY, PA

PO Box 210, 5671 Chestnut Street

Old Zionsville, PA 18068

Phone: (610) 966 – 3223

Website: <http://www.uppermilford.net>

Pin No. _____

Zoning District: _____

PLUMBING PERMIT

CONTACT INFORMATION:

Check who is responsible for permit.

Site Address: _____ Subdivision: _____

☐ Property Owner: _____ Phone: _____ Fax: _____

Mailing Address: _____

☐ Plumbing Contractor: _____ Phone: _____ Fax: _____

Mailing Address: _____

DESCRIPTION OF THE PROPOSED WORK TO BE PERFORMED:

ESTIMATED COST OF CONSTRUCTION: (reasonable fair market value) \$ _____

PA One Call #: _____

Date: _____

Plumber's License No.: _____

Granting Municipality: _____

(at this time a licensed plumber is not mandatory)

Master Plumber's Name (Printed) _____

Signature: _____

PLUMBING FEES:

First 5 fixtures or traps minimum fee \$ _____

Each additional fixture \$ _____

\$ _____

Total Plumbing Fees: \$ _____

Non-Refundable Application Fee: \$ 60.00

Balance After Application Fee Reduction: \$ _____

Note: Non-Refundable Application Fee will be used towards final fees due.

RECEIPT # _____

RECEIPT # _____

RECEIPT # _____

Signature of Owner or Authorized Agent _____

Print name of Owner or Authorized Agent _____

Directions to Site (if not on a public street): _____

FOR CODE ADMINISTRATOR USE ONLY:

Plumbing Permit Approved: ☐ Yes ☐ No

Code Administrator's Signature _____

Date _____

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PROJECT DOCUMENTS (DRAWINGS AND CALCULATIONS):

Type of Document:	Submitted:	Signed and Sealed:	Date:	Revision Date:
Plumbing Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Workers Comp. Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

[illegible]