

Date Received: _____

Permit No. _____

UPPER MILFORD TOWNSHIP ~ LEHIGH COUNTY, PA

PO Box 210, 5671 Chestnut Street

Old Zionsville, PA 18068

Phone: (610) 966 – 3223; Fax: (610) 966 – 5184

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: \$ 50.00

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 _____

PROJECT DOCUMENTS (DRAWINGS AND CALCULATIONS):

