

THORNBURY TOWNSHIP, CHESTER COUNTY

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# PLUMBING PERMIT APPLICATION

## PROPERTY OWNER AND BUILDING INFORMATION

Owner or Business Name		Phone	
Street Address		Apt	Zip
Subdivision		Lot Number	Parcel Type
		<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial
		<input type="checkbox"/> Commercial	<input type="checkbox"/> Other _____
		Zoning	

**COST OF CONSTRUCTION \$** \_\_\_\_\_

### TYPE OF IMPROVEMENT

- 1  New Building
- 2  Addition (if residential, enter number of new housing units added, if any, in PROPOSED USE, No 11)
- 3  Alteration (See 2 above)
- 4  Repair, Replacement
- 5  Pool

### OWNERSHIP

- 6  Private  
(Individual, Corporation, Non-profit Institution, etc.)
- 7  Public  
(Federal, State, or Local Government)

### PROPOSED USE - For "Wrecking" most recent use

#### Residential

- 8  One or Two Family
- 9  Two or More Family  
*Enter Number of Units \_\_\_\_\_*
- 10  Garage
- 11  Other - Specify  
\_\_\_\_\_  
\_\_\_\_\_

#### Non-Residential

- 12  Amusement, Recreational
- 13  Church, Other Religious
- 14  Industrial
- 15  Parking Garage
- 16  Service Station, Repair Garage
- 17  Hospital, Institutional
- 18  Office, Bank, Professional

- 19  Public Utility
- 20  School, Library, Educational
- 21  Stores, Mercantile
- 22  Tanks, Towers
- 23  Other - Specify  
\_\_\_\_\_

Existing Building

### DESCRIPTION OF WORK

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PERMIT NO. \_\_\_\_\_

\*\*\*\*CALL 811 OR VISIT [www.call811.com](http://www.call811.com) BEFORE YOU DIG\*\*\*\*

**FIXTURES BEING INSTALLED** - Enter quantity being installed, replaced or repaired.

	Tub/showers		Laundry Tubs		Grease Traps			
	Shower Stalls		Dishwashers		Back Flow Preventers			
	Lavatories		Garbage Disposals		Water Pumps			
	Toilets		Drinking Fountains		Parking Lot Drains			
	Urinals		Floor Drains		Inside Downspout			
	Bidets		Water Heaters					
	Sinks		Water Softeners					
	Sewer Line		Sewage Ejectors					
	Water Line		Sump Pump					
WATER SERVICE SIZE _____ IN.			TOTAL NO. OF FIXTURES _____					
Install Lateral or Drainage	Material Type	Diameter	Length	No. Cleanouts	Install Water Service	Material Type	Diameter	Length

**IDENTIFICATION - To be completed by all applicants**

<b>Property Owner or Lessee</b>	Name	Mailing Address	
	Phone No.		

<b>Contractor</b>	Name	Mailing Address	PA License No.
	Phone No.		

<b>Architect or Engineer</b>	Name	Mailing Address
	Phone No.	

I hereby certify that the proposed work is authorized by the owner of record, that I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Application Date
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**VALIDATION**

PERMIT ISSUED \_\_\_\_\_ 20\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_

PLAN REVIEW FEE \$ \_\_\_\_\_

CHECK NO. \_\_\_\_\_

CASH \$ \_\_\_\_\_

DATE \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Use Group \_\_\_\_\_

Fire Grading \_\_\_\_\_

Live Loading \_\_\_\_\_

Occupancy Load \_\_\_\_\_

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_