

BOROUGH OF POTTSTOWN

**100 E. High Street
Pottstown, PA 19464
610-970-6520 610-970-6599**

**PLUMBING PERMIT APPLICATION
PAYMENT NOT ACCEPTED UNTIL APPROVED**

Property Address: _____ **Date:** _____

Circle all that apply for use of property: Owner occupied / Rental Property

Multi-unit residential _____ # of units Multi-unit commercial _____ # of units

Property Owner _____ Plumber: _____
Address _____ Name on License & # _____
_____ Address _____
Phone # _____ Phone # _____

Cost of Project: \$ _____ **Project Start Date:** _____ **Expected Finish** _____

****Must provide a shop drawing of proposed work to be completed****

	Quantity	Amount
Basin – *new installation only		
Bath Tub - *new installation only		
Toilet - *new installation only		
Sink - *new installation only		
Laundry Tub - *new installation only		
Floor Drain		
Clothes Washer - *new installation only		
Shower Bath - *new installation only		
Lateral Inspection Connection		
Repair / Replace Water Service Line		
Backflow Preventor		
Expansion Tank		
Urinals - *new installation only		
Dishwasher - *new installation only		
Others Not Listed:		
Inspection Fee & \$4.00 State Surcharge		\$60.00
Total		

***RESIDENTIAL = NEW INSTALLATION ONLY**

***COMMERCIAL = NEW and/or REPLACEMENT**

All Fixtures: \$15.00

Water / Sewer: \$35.00 / 100 linear ft or fraction thereof Minimum \$35.00

Over →→→→→

I hereby make application for a Plumbing Permit in accordance with specification and plans herewith submitted and subject to all requirements of the Pottstown's Borough Codes. I grant permission to Borough's employees and or agents to enter property for inspection purposes.

Property Owner's Name: (Printed): _____ Date: _____

Property Owner's Address: _____

Property Owner's Signature: _____

Authorized Agent of Owner (printed) _____ Date: _____

Signature: _____

Approved by: _____ Date: _____

PERMIT FEES ARE NON-REFUNDABLE

PAYMENT NOT ACCEPTED UNTIL APPROVED



Borough of Pottstown

*Borough Hall, 100 East High Street
Pottstown, Pennsylvania 19464-9525
610-970-6520 fax 610-970-6599*

\$100.00 DEPOSIT APPLICATION

NAME _____
(PERSON / BUSINESS PAYING THE \$100.00 DEPOSIT)

ADDRESS OF PERSON / BUSINESS PAYING THE DEPOSIT:

PERMIT # _____

WORKSITE ADDRESS _____

I HEREBY REQUEST RELEASE OF DEPOSIT UPON FINAL INSPECTION. I UNDERSTAND THAT THE REFUNDS ARE PAID AT THE END OF EACH MONTH, AND THIS REQUEST WILL BE PROCESSED ACCORDINGLY.

SIGNATURE: _____ **DATE:** _____

THE INFORMATION ABOVE WILL ENSURE THE BOROUGH OF POTTSTOWN CAN RETURN THE DEPOSIT AFTER FINAL INSPECTION HAS OCCURRED.

SIGNATURE OF CODES OFFICER _____

DATE OF FINAL INSPECTION _____

SIGNATURE/CODES MANAGER _____