BOROUGH OF HELLERTOWN

685 Main St., Hellertown, PA 18055
Phone: 610-838-7041 Fax: 610-838-0500

PLUMBING PERMIT

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

PROPERTY OWNER NAME: _____ PHONE: _____
PROJECT ADDRESS: _____ CELL: _____
CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____
APPLICANT NAME: _____ PHONE: _____
APPLICANT ADDRESS: _____ CELL: _____
CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____
CONTRACTOR NAME: _____ PHONE: _____
CONTRACTOR PA REGISTRATION #: _____ CELL: _____
CONTRACTOR ADDRESS: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

PLUMBING INFORMATION

☐ RESIDENTIAL ☐ COMMERCIAL ☐ NEW INSTALLATION ☐ RE-INSTALLATION

LIST ALL PROPOSED FIXTURES:

NO.	FIXTURE	KITCHEN	BATH
	Backflow Devices		
	Bathtub		
	Commercial Dishwasher		
	Garbage Disposal		
	Hose Bib/Water Cooler		
	Interceptors		
	Lavatory/Sink		
	Sewer Ejector		
	Sewer Utility Connection		
	Shower/Floor Drain		
	Sprinkler System		
	Traps		
	Vents		
	Washing Machine/Dishwasher		
	Water Closet/Bidet/Urinal		
	Water Heater		
	Water Utility Connection		

SIGNATURE

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of the Borough of Hellertown. I understand that a copy of the Worker's Compensation Insurance Certificate must be provided by the contractor prior to issuance of permits.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

PERMIT #: _____
DATE ISSUED: _____
PERMIT FEE: $_____
APPROVED BY: _____
TITLE: _____ DATE: _____

FEES

BIA: $ _____
BOROUGH: $_____
STATE: $_____
TOTAL: $

PAYMENT

☐ CASH
☐ CHECK #___
☐ CREDIT CARD