

# CODE ENFORCEMENT OFFICE

WHITPAIN TOWNSHIP  
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and by appointment

## APPLICATION FOR PLUMBING FIXTURE PERMIT

APPLICANT OR PLUMBER	
Name:	_____
Address:	_____
Cty/St/Zip	_____
Phone:	_____
Fax:	_____
Email:	_____

PROPERTY OWNER	
Name:	_____
Address:	_____
Cty/St/Zip	_____
Phone:	_____
Fax:	_____
Email:	_____

Job Address: \_\_\_\_\_  
\_\_\_\_\_

Tenant: \_\_\_\_\_  
Bldg: \_\_\_\_\_ Suite: \_\_\_\_\_

**Fixture Count:**

Water Closets: \_\_\_\_\_  
Urinals: \_\_\_\_\_  
Bidets: \_\_\_\_\_  
Bath Tubs: \_\_\_\_\_  
Lavatories: \_\_\_\_\_  
Kitchen Sink: \_\_\_\_\_  
Laundry Tub: \_\_\_\_\_  
Washing Machine Standpipes: \_\_\_\_\_  
Drinking Fountain: \_\_\_\_\_  
Mop Recptors: \_\_\_\_\_  
Showers: \_\_\_\_\_  
Service or Bar Sinks: \_\_\_\_\_  
Water Heaters: \_\_\_\_\_  
Floor Drains: \_\_\_\_\_  
Garbage Disposal: \_\_\_\_\_  
Dishwasher: \_\_\_\_\_  
Water Softener: \_\_\_\_\_  
**Total Fixtures:** \_\_\_\_\_

**Type Work:**

Fixture Replacement: \_\_\_\_\_  
Alteration To Existing System: \_\_\_\_\_  
Other \_\_\_\_\_ : \_\_\_\_\_  
Shower Valve Replacement: \_\_\_\_\_

**Building Use:**

Single Family Dwelling: \_\_\_\_\_  
Multi-Family Structure: \_\_\_\_\_  
Commercial/Office Bldg: \_\_\_\_\_  
Other: \_\_\_\_\_ : \_\_\_\_\_  
Emergency Repair: \_\_\_\_\_

\_\_\_\_\_  
*Plumber Name*

\_\_\_\_\_  
Owner/Agent Name

\_\_\_\_\_  
*Plumber Signature*

\_\_\_\_\_  
Owner/Agent Signature

**BOTH OWNER AND CONTRACTOR/APPLICANT MUST SIGN THIS APPLICATION  
TWO (2) COPIES OF 24" x 36" PLANS MUST ACCOMPANY THIS APPLICATION  
INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED  
DO NOT BEGIN WORK UNTIL PERMIT IS ISSUED**

FOR OFFICE USE ONLY

Date Issued: \_\_\_\_\_

Permit #: \_\_\_\_\_

Fee Paid: \_\_\_\_\_  
3/24/2012

Approved By: \_\_\_\_\_