



# Plumbing Permit Application

Upper Merion Township  
 175 W. Valley Forge Rd.  
 King of Prussia, PA 19406  
 610-265-2608

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

Fee: \_\_\_\_\_  
**Payment must accompany application.**

\*\* Include \$4. PA Surcharge

Date completed application received: \_\_\_\_\_

|   |                        |                   |
|---|------------------------|-------------------|
| <b>Property Address:</b>                            | Name                   | _____             |
|   | Address/Zip            | _____             |
|   | Phone                  | _____ email _____ |
| <b>Tenant or Prop. Owner</b><br>(Leased Properties) | Name                   | _____             |
|   | Address/Suite #        | _____             |
|   | Phone                  | _____ Email _____ |
| <b>Plmbg. Contractor:</b>                           | Name                   | _____             |
|   | Address/zip code       | _____             |
|   | Phone                  | _____ Email _____ |
|   | Current Registration # | _____             |

**\*Plumbing Permits require 5 days lead time for review.**

**\*Drawings Required.**

**\* All Highlighted areas of Permit Application MUST BE COMPLETED.**

**Plumbing Inspections require 24 Hr. Notice**

Est. Job Cost: \$ \_\_\_\_\_ Sewer Type: \_\_\_\_\_ septic \_\_\_\_\_ public Size of Lateral/ Bldg. Sewer \_\_\_\_\_  
 Est. Job Start Date: \_\_\_\_\_

|                         | Yard | Basement | 1st | 2nd | 3rd | 4th | 5th | Total Fixtures | Trap Size | Drain Size | Fixture Units |
|-------------------------|------|----------|-----|-----|-----|-----|-----|----------------|-----------|------------|---------------|
| Bath Tubs               |      |          |     |     |     |     |     |                |           |            |               |
| Bradley Wash Fountain   |      |          |     |     |     |     |     |                |           |            |               |
| Building Sewer/Lateral  |      |          |     |     |     |     |     |                |           |            |               |
| Combination Sink & Tray |      |          |     |     |     |     |     |                |           |            |               |
| Dental Cuspidor         |      |          |     |     |     |     |     |                |           |            |               |
| Dish Washer             |      |          |     |     |     |     |     |                |           |            |               |
| Drinking Fountain       |      |          |     |     |     |     |     |                |           |            |               |
| Extractors              |      |          |     |     |     |     |     |                |           |            |               |
| Floor Drains            |      |          |     |     |     |     |     |                |           |            |               |
| Foot Baths              |      |          |     |     |     |     |     |                |           |            |               |
| Garbage Disposal        |      |          |     |     |     |     |     |                |           |            |               |
| Grinder Pump            |      |          |     |     |     |     |     |                |           |            |               |
| Hot Water Heater        |      |          |     |     |     |     |     |                |           |            |               |
| Laundry Tray            |      |          |     |     |     |     |     |                |           |            |               |
| Sewer Ejector Pump      |      |          |     |     |     |     |     |                |           |            |               |
| Shower Baths            |      |          |     |     |     |     |     |                |           |            |               |
| Sinks                   |      |          |     |     |     |     |     |                |           |            |               |
| Slop Sinks              |      |          |     |     |     |     |     |                |           |            |               |
| Special Sinks           |      |          |     |     |     |     |     |                |           |            |               |
| Sterilizers             |      |          |     |     |     |     |     |                |           |            |               |
| Sump Pump               |      |          |     |     |     |     |     |                |           |            |               |
| Urinals                 |      |          |     |     |     |     |     |                |           |            |               |
| Washing Machine         |      |          |     |     |     |     |     |                |           |            |               |
| Water line              |      |          |     |     |     |     |     |                |           |            |               |
| Toilet/Water Closets    |      |          |     |     |     |     |     |                |           |            |               |
| Water line to Refridg.  |      |          |     |     |     |     |     |                |           |            |               |
| <b>Total</b>            |      |          |     |     |     |     |     |                |           |            |               |

For Commercial Properties:

\*\*\* Will this facility discharge any wastewater other than from Rest

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, include info:

I swear and affirm that the above statements are true and that all work will done as described and in accordance with the specifications submitted and that the work will comply with all of the provisions of the Upper Merion Township Plumbing Code, as amended.

|                             |                   |       |       |           |       |
|-----------------------------|-------------------|-------|-------|-----------|-------|
| Print Name                  | _____             | Email | _____ | Signature | _____ |
| <b>FOR OFFICE USE ONLY:</b> | _____             |       |       | Date:     | _____ |
|                             | Plumbing Official |       |       |           |       |

