

PLUMBING PERMIT

EAST ROCKHILL TOWNSHIP
 1622 Ridge Road, Perkasie, PA 18944
 215-257-9156 fax 215-257-1299
www.EastRockhillTownship.org
Staff@EastRockhillTownship.org

Application Date: ___ / ___ / ___

Location: _____

Tax Parcel: 12- _____

Residential Commercial

Estimated Cost: _____

ERT Plumbing License: # _____

Owner Name:	
Address:	
Phone No.:	
Fax No.:	
e-mail:	
Owner Signature:	

Contractor Name:	
Address:	
Phone No.:	
Fax No.:	
e-mail:	
Contractor Signature:	

Description of Work: _____

Submit vertical schematic of drain, waste and vent lines through floor levels including pipe sizes, traps, cleanouts, vent terminals, support anchors, etc. NOTE: All plumbing systems shall be **TESTED** with either water or air.

TYPE	NUMBER	
STACKS		
SINKS		
BATHS		
WATER CLOSET		
LAVATORY		
TANK AND HEATER		
LAUNDRY TRAY		
WATER DISTRIBUTION SYSTEMS		
FLOOR DRAINS		
SEWAGE EJECTOR		
FOUNTAIN (DRINKING)		
SUMP		
SHOWERS		
URINAL		
CATCH BASIN		
DISHWASHING MACHINE		
HUMIDIFIER		
GARBAGE GRINDER		
WASHING MACHINE		
SPECIAL WASTES		
RAINWATER LEADERS		
MISCELLANEOUS FIXTURES		
TOTAL		TOTAL FEE
		\$

APPROVED

PERMIT No. _____

Date Issued: _____

Building Code Official

Fee \$ _____

Check No. _____

Cash _____

Applicant certifies that all information given is correct and that all pertinent East Rockhill Township ordinances will be complied with in performing the work for which this permit is issued.

 Signature of Contractor or his Authorized Representative making Application