

EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, Pennsylvania 18944

Phone: 215-257-9156 • Email: contact@EastRockhillTownship.org • Website: EastRockhillTownship.org



PLUMBING PERMIT APPLICATION

SITE / CONTACT INFORMATION:

SITE ADDRESS Street and City: _____		Primary Contact (check one)
Bucks County Tax Map Parcel ID: _____ USE: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		
Property Owner	Name _____	<input type="checkbox"/>
	Address _____	
	Phone _____ Email _____	
Applicant	Name _____	<input type="checkbox"/>
	Address _____	
	Phone _____ Email _____	

PROPOSED:

Type of Work (Check one): <input type="checkbox"/> Installing New Equipment <input type="checkbox"/> Altering Existing System <input type="checkbox"/> Both	Water Meter size _____ inches Water Service size _____ inches	Will there be Underslab Plumbing? <input type="checkbox"/> Yes <input type="checkbox"/> No Cost \$ _____
Tubs/Shower Stalls	Drinking Fountains	Back Flow Preventers
Lavatories	Floor Drains	Water Pumps
Toilets	Water Heaters	Sewers
Urinals	Water Softeners	Gas Piping
Sinks	Sewage Ejectors	Swimming Pools
Laundry Tubs	Sump Pumps	Standpipes
Dishwashers	Grease Traps	Fire Sprinklers
Garbage Disposals	Bidets	Lawn Sprinklers
Hose Bibs	Other: _____	
If altering existing system, explain: _____		
Submit a vertical schematic of drain, waste and vent lines through floor levels including pipe sizes, traps, cleanouts, vent terminals, support anchors, etc. All plumbing systems shall be tested with water or air.		

I hereby certify that I am the owner of record of the named property or 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/her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

Signature of Owner **Required**

Signature of Authorized Agent

TO BE COMPLETED BY EAST ROCKHILL TOWNSHIP

Plumbing Fee \$ _____ Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
PA UCC \$6.00 Fee Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Method <input type="checkbox"/> Credit Card <input type="checkbox"/> Check No. _____ Total \$ _____	
Contractor Certificate of Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No Expires _____
Two copies of schematic	<input type="checkbox"/> Yes <input type="checkbox"/> No
ERT Issued Plumbing License	<input type="checkbox"/> Yes <input type="checkbox"/> No License # _____

Building Code Official <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Date

Received Stamp Via Mail
 In Person
 Drop Box