



Lansdowne Office
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 Lansdowne, PA 19050
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BOROUGH OF LANSDOWNE

APPLICATION FOR PLUMBING PERMIT

PERMIT NO. _____

IMPORTANT – Applicant to complete all items in sections: I, II, III, and IV.

I. LOCATION OF BUILDING	AT (LOCATION) _____ ZONING DISTRICT _____
	(NO.) (STREET)
	BETWEEN _____ AND _____
	(CROSS STREET) (CROSS STREET)
	SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING – All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New building 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 <input type="checkbox"/> Alteration (See 2 above) 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Fence 6 <input type="checkbox"/> Decks 7 <input type="checkbox"/> Porch	B. OWNERSHIP 8 <input type="checkbox"/> Private (Individual, corporation, non-profit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State, or local government)	C. COST (Omit cents) 10. Other TOTAL COST OF IMPROVEMENT \$ _____ \$ _____ \$ _____ \$ _____
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D. PROPOSED USE – For "Wrecking" most recent use

Residential 12 <input type="checkbox"/> One or two family 13 <input type="checkbox"/> Two or more family – Enter number of units _____ 14 <input type="checkbox"/> Garage 15 <input type="checkbox"/> Day Care 16 <input type="checkbox"/> Other – Specify _____ _____	Non-residential 17 <input type="checkbox"/> Amusement, recreational 18 <input type="checkbox"/> Church, other religious 19 <input type="checkbox"/> Industrial 20 <input type="checkbox"/> Parking garage 21 <input type="checkbox"/> Service station, repair garage 22 <input type="checkbox"/> Hospital, institutional 23 <input type="checkbox"/> Office, bank, professional	24 <input type="checkbox"/> Public utility 25 <input type="checkbox"/> School, library, other educational 26 <input type="checkbox"/> Stores, mercantile 27 <input type="checkbox"/> Tanks, towers 28 <input type="checkbox"/> Other – Specify _____ _____ <input type="checkbox"/> Existing Building
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Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant.
 If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING

E. PRINCIPAL TYPE OF FRAME 29 <input type="checkbox"/> Masonry (wall bearing) 30 <input type="checkbox"/> Wood frame 31 <input type="checkbox"/> Structural steel 32 <input type="checkbox"/> Reinforced concrete 33 <input type="checkbox"/> Other – Specify _____	F. DIMENSIONS 34 Number of stories _____ 35 Total square feet of floor area, all floors, based on exterior dimensions _____ 36 Total land area, sq. ft. _____
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Date _____

PLUMBING PERMIT APPLICATION									
Enter the number of Fixtures Being Installed, Replaced or Repaired									
	Tubs/showers			Laundry Tubs			Sump Pumps		
	Shower Stalls			Dishwashers			Grease Traps		
	Lavatories			Garbage Disposals			Back Flow Preventers		
	Toilets			Drinking Fountains			Water Pumps		
	Urinals			Floor Drains			Roof Openings		
	Bidets			Water Heaters			Parking Lot Drains		
	Sinks			Water Softeners			Inside Downspout		
	Sewer Line			Sewage Ejectors			Lawn Sprinklers		
	Water Line			Curb Trap					
WATER SERVICE SIZE _____ IN.					TOTAL NO. OF FIXTURES _____				
Install Lateral or drainage	MATERIAL TYPE	DIAMETER	LENGTH	NO. CLEANOUTS	Install Water service	MATERIAL TYPE	DIAMETER	LENGTH	

DESCRIPTION OF WORK

IV. IDENTIFICATION – To be completed by all applicants					
Name		Mailing address - Number, Street, City, and State		Zip Code	Tel. No.
1. Owner or Lessee					
2. Contractor				Builder's License No.	
3. Architect or Engineer					
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 authorized agent and we agree to conform to all applicable laws of this jurisdiction.					
Signature of applicant			Address		Application date