

# CONCORD TOWNSHIP - LICENSES & INSPECTION

## PLUMBING APPLICATION

**PERMITS MAY ONLY BE OBTAINED BY A MASTER PLUMBER CURRENTLY LICENSED IN CONCORD TWP. ALL STAND ALONE WORK MUST BE ACCOMPANIED BY A SIGNED CONTRACT BETWEEN THE CONTRACTOR AND THE CUSTOMER. (PLEASE PRINT LEGIBLE IN INK.)**

Street Address (Job) \_\_\_\_\_ Date \_\_\_\_\_

Property Owner \_\_\_\_\_ Address \_\_\_\_\_  
(If owner does not reside at above address)

Property Owner's Telephone # \_\_\_\_\_

Contractor Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Please select one of the following: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Legalization \_\_\_\_\_  
New Building \_\_\_\_\_ Addition \_\_\_\_\_ Replace \_\_\_\_\_

	Base	1st Fl	2nd Fl	3rd Fl	other
Basin					
Water Closet					
Bath Tub					
Shower					
Urinal					
Sink					
Dishwater					
Hand Sink					

	Base	1st Fl	2nd Fl	3rd Fl	other
3-Comp Sink					
Grease Trap					
Floor Drain					
Mop Sink Tray					
Washer Drain					
Ejector Pump					
Water Heater					
Total # of fixtures					

**Additional Work**

Water Service \_\_\_\_\_ Connection to Existing Lateral Line \_\_\_\_\_ (Fax to Sewer Department)

\*Sewer Connection \_\_\_\_\_ (Fax to Sewer Department)  
(Direct connection to CTSD infrastructure)

\*Must contact Concord Sewer Department: Terri Grant (610) 459-8911 ext.#108

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTRACTOR'S SIGNATURE** \_\_\_\_\_ **COST OF JOB** \_\_\_\_\_

Anticipated Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

All work must comply with UCC as adopted by Concord Township.

**PERMIT FEE:** \$ \_\_\_\_\_

FOLIO NUMBER: 13 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SEWER CONNECTIONS ONLY!** - I have received a copy of Concord Township's sewer connection regulations.

\_\_\_\_\_  
**Contractor's Acknowledgement**

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For Concord Twp. Use Only

Confirm disposition of following items: