

Application For Plumbing Permit	Dept. of Licences & Inspection Township of Upper Southampton Bucks County, PA.	Date
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Location	Ward
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SINGLE BUILDING				IDENTICAL DWELLINGS - SAME SIDE OF STREET			
TYPE	NEW BUILDING	ADDITION	OLD BUILDING	NO. OF BLDGS	SIZE OF LOT	NO. OF STORIES	BASEMT-GARAGE
NO. OF STORIES							YES NO
USE OF BLDG.							

TABLE OF FIXTURES															
FLOORS	OUTLETS	WATER CLOSETS	BATH TUBS	SHOWER BATH	LAVA-TORIES	SINKS	WASH TUBS	SLOP HOPPERS	URINALS	YARD DRAIN	DRAINAGE WALLS	DISH WASHER	GARBAGE GRINDER	CESSPOOL	OTHER
YARD															
BASEMT															
1ST FLR.															
2ND FLR.															
3RD FLR.															
4TH FLR.															
5TH FLR.															
6TH FLR.															
7TH FLR.															
8TH FLR.															
9TH FLR.															
10TH FLR.															
TOTAL															

CONNECTUIB TO BE MADE TO SEWER <input type="checkbox"/> YES <input type="checkbox"/> NO	MAIN TRAP SIZE	MAIN HOUSE DRAIN SIZE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> BELOW GROUND
SOIL PIPE SIZE	WHERE DOES AIR INLET OPEN	GRADE OF MAIN DRAIN
MINIMUM VENTILATION OF TOILET COMPARTMENT UPPER FLOORS SQ.FT. BASEMENT SQ.FT.	BUILDING PERMIT ISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE

All proposed work under this application must be shown on plans and section. All bertical lines of soil, waste, leader and refrigerator pipes shall be designated by numbers or letters. A soil or waste line and its attendant vent line may be considered as one stack and so numbered or lettered.

All work, materials and construction will be in accordance with the rules and regulations of the Plumbing Code.

OWNER	ADDRESS
ARCHITECT	ADDRESS
PLUMBER	REG.NO. ADDRESS
SIGNATURE OF OWNER	SIGNATURE OF PLUMBER
DATE	PERMIT NO. FEE PLAN NO. REGISTER NO. EXAMINER'S APPROVAL

INSPECTOR'S REPORT															
HOUSE NO. INSPECTED															
MAIN TRAP															
UNDERGROUND WORK															
VERTICAL SOIL PIPES															
WASTE LINE PIPES															
TESTS															
DATE INSPECTED	INSPECTOR														