



BROOKHAVEN BOROUGH

2 CAMBRIDGE RD, BROOKHAVEN PA, 19015

610-874-2557 X133 FAX 610-874-2612

PLUMBING PERMIT APPLICATION

DATE _____

CONTRACTOR INFORMATION

NAME _____

ADDRESS _____

PHONE _____ FAX _____ PA LICENSE# _____

TYPE OF BUSINESS _____

(A COPY OF LIABILITY & WORKMAN'S COMPENSATION INSURANCE MUST BE ON FILE WITH THE BOROUGH BEFORE ANY PERMITS OR LICENSES WILL BE ISSUED)

BROOKHAVEN PROPERTY LOCATION INFORMATION

OWNER'S NAME _____

ADDRESS _____

PHONE NUMBER _____

JOB LOCATION _____

TYPE OF BUILDING RESIDENTIAL COMMERCIAL INDUSTRIAL
 APARTMENT OTHER

RESIDENTIAL APPLICATION FEE \$50.00 + \$4.50 UCC = \$54.50

COMMERCIAL APPLICATION FEE \$250.00 + \$4.50 UCC = \$254.50

FAIR MARKET VALUE OF JOB (SUPPLIES & LABOR) \$ _____

PERMIT FEE \$ _____ START DATE _____ COMPLETION DATE _____

GIVE DEFINITE PARTICULARS AS TO PROPOSED WORK & MATERIALS

I HEREBY CERTIFY THAT THE STATEMENTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

OWNER'S SIGNATURE _____ APPLICANT'S SIGNATURE _____

APPROVED BY _____ DATE _____