

## BOROUGH OF KUTZTOWN COMMUNITY DEVELOPMENT OFFICE

324 WEST MAIN STREET PHONE: 610-683-3290 KUTZTOWN, PA 19530-1606 FAX: 610-683-3537

## **APPLICATION FOR PLUMBING PERMIT**

-	proposed work ork				
Materials/Eq	uipment				
with §403.4 Kutztown (	one if 11x17 or smaller) of p 2a or §403.62a of PA Title 3 Code §163-3(O) allows for th C. The water distribution sy	4 unless waived by the use of any water	the Borough of Kutztown distribution system mate	Building Code (	Official. NOTE:
PA One Call	I.D. Number		Date		
	Name		Address		Phone
Property Owner					
Owner	Email:				
Plumber					
1 Iuiiioci	Email:				
□rchitect □ngineer					
Estimated co	ost of work \$			·	
*I certify that application a	nt I am the owner/occupant and agree that all work shall hapters of the Code of the E	comply with the U	Jniform Construction Co		
Master Plum	ber				
BOK Licens	Print Name e Number		Signature* State License Number PA		Date
		CEPT UPON WRI H COMMUNITY		ION ISSUED B FICE.	
			ELOW THIS LINE		
Application 1	Fee \$35.00	☐ Credit Card ☐ Cash ☐ Check #	Date Paid	Re-	ceived
Plans Speci PA C Appl	nitted Documents s - signed and sealed ifications One Call I.D. Number ication Complete	Required	<i>N/A</i>	<u>No</u> □ □ □	

Application For Plum  Permitted Work	Rev. 11/18			
Type of Construction		Use Grou	p	
Plan Review: ☐Yes	□No			
Comments:				
		niform Construction Code and roved as noted; see attached Not Appea	pproved; see attache I Notice Issued \( \textstyle Y	
By		Date		
		PLAN(S) MARKED "APPROVED  Signature		PON WHICH THI
Plumbing Plan Revie		d calculation sheet) § A231-1.11.A	\$	
Fixtures § A231-1.11.A	First Seven Fi			
Tixtures § A231-1.11.A	Each Add'l. F	ixture # of appliances x \$	\$	
			Plumbing Fee	e   \$
		Additional Fees & Deposits		
		Water Tapping Fee § 218-10	\$	
Fees: See corr	esnonding	Sewer Tapping Fee § 218-8	\$ Taxasina Fac	¢
Section of the		Water Connection Deposit § A231-1.18	Tapping Fee  A \$	\$
		Sewer Connection Deposit § A231-1.18		_
Code	•	Facilities Fee/Deposit § A231-1.18.B	\$.A \$	_
		Connection Deposit/Facilities Fee		\$
		PA Training Fee	\$ 4.50	
		Total	'	
<u> </u>		☐ Credit Card		1 ~
				Received
Permit Number		Check # Pa	id	By