

Township of Sadsbury

Chester County, Pennsylvania

P.O. Box 261

2920 Lincoln Highway

Sadsburyville, PA 19369

Phone: 610-857-9503 Fax: 610-857-2690

APPLICATION FOR PLUMBING PERMIT

No. _____

Date _____

Sheet 1 of 3

(Furnish All Information Required)

APPLICANT _____

Name of Owner

(Please print)

Phone No.

Address

Zip Code

Application is hereby made for a permit for: _____

(Job Site Address)

New work, Alterations, Sewer connection, On-Site sewage system installation or Repair.

and the following plans and specifications either hereon or attached (list drawings by No. and Title) _____

_____ are submitted for approval.

I (We) declare under penalties of perjury that this application (including any accompanying plans and specifications) has been examined by (me) (us) (our) knowledge and belief is a true, correct and complete application. Further, that all work will be performed according to the approved plans and specifications and in accordance with the Ordinance of the Township of Sadsbury and the Laws and regulations of the Commonwealth of Pennsylvania.

Fee: \$ _____

Signature _____

Owner

APPROVED

Date _____

Signature _____

Plumber

Plumbing Inspector

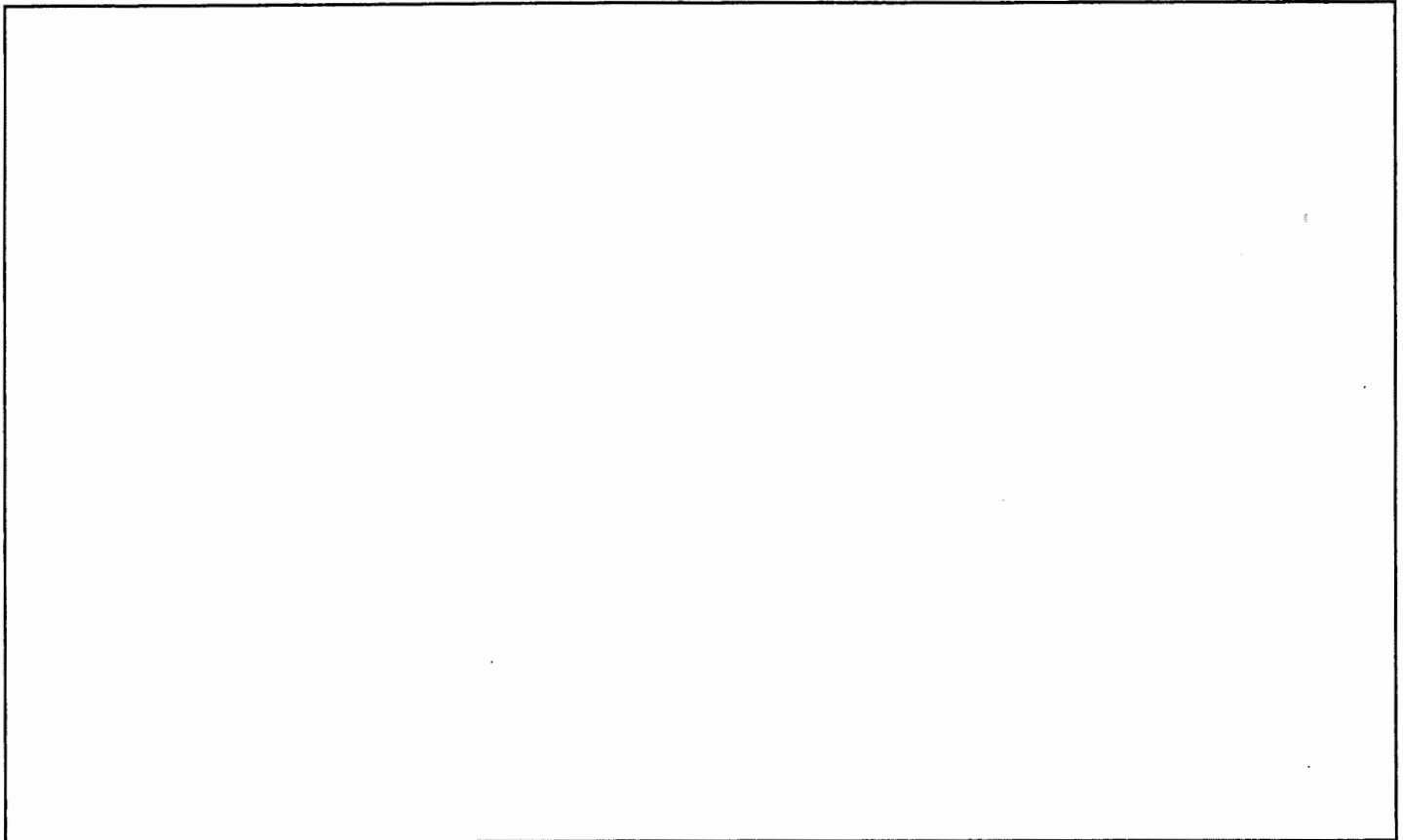
Address _____

NOTE: The required fee must accompany application.

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Sheet 3 of 3

Plot Plan



Elevation

ROOF	
3rd	
2nd	
1st	
Basement	

New Work in Red. Old Work in Black. Use additional sheets if required or submit blueprints of job.