



Borough of Parkesburg

315 West First Avenue, Building 1, Parkesburg, PA 19365

Telephone : 610-857-2616 Fax: 610-857-1102

**APPLICATION FOR PLUMBING PERMIT**

Please furnish all information required

Date : \_\_\_\_\_

Applicant : \_\_\_\_\_  
Name of Owner Phone Number

\_\_\_\_\_  
Address

Application is hereby made for a permit for : \_\_\_\_\_  
Job Site Address

new work, alterations, sewer connection, on-site sewage installation or repair. The following plans and specifications either heron or attached (list drawings by number and title) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ are submitted for approval.

I/We declare under penalties of perjury that this application (including any accompyong plans and specifications) has been examined by me/us and to the best of my 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 Ordinances of the Borough of Parkesburg and Laws and Regulations of the Commonwelath of Pennsylvania.

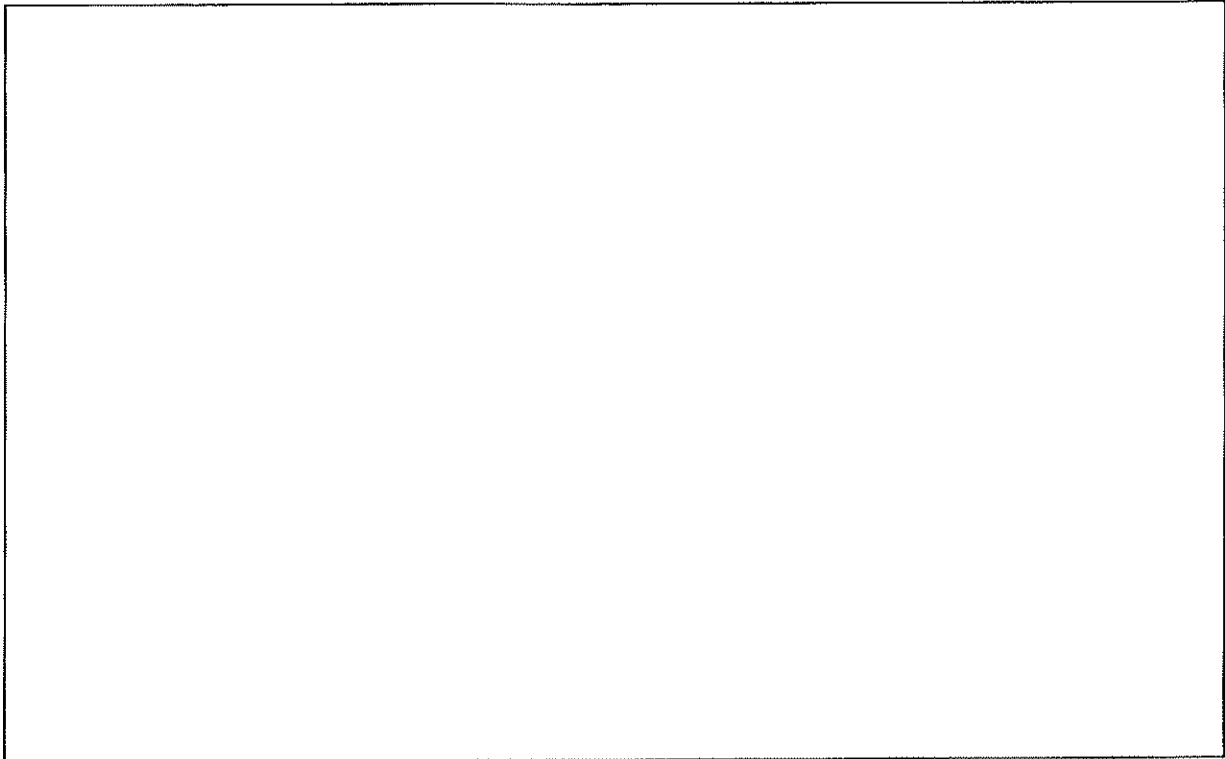
Date : \_\_\_\_\_ Owner's Signature : \_\_\_\_\_

Plumber's Name : \_\_\_\_\_ Plumber's Signature : \_\_\_\_\_

|                     |              |
|---------------------|--------------|
| Approved by : _____ | Date : _____ |
| Permit No. : _____  | Fee : _____  |



Plot Plan



Elevation

|          |  |
|----------|--|
| Roof     |  |
| Third    |  |
| Second   |  |
| First    |  |
| Basement |  |