

PLUMBING APPLICATION <i>NOTE: Plans are required for all work exceeding \$1,500.</i>		<h2 style="margin: 0;">Township of Darby</h2> <p style="margin: 0;">21 BARTRAM AVENUE GLENOLDEN, PA 19036 610-586-1514 FAX: 610-586-0779</p>		DATE: _____ PERMIT # _____ COST: _____ PERMIT FEE: _____ DARBY TOWNSHIP LICENSE NO. _____ OUTSIDE AGENCY INS.: _____ ELECTRICAL PERMIT NO. _____ (If Required)
OWNER OF PROPERTY: _____		PLUMBER: _____		
ADDRESS: _____		ADDRESS: _____		
CITY _____ STATE _____ ZIP CODE _____	CITY _____ STATE _____ ZIP CODE _____			
PHONE # _____		PHONE # _____		
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> ALTERATIONS <input type="checkbox"/> NEW CONSTRUCTION				
<input type="checkbox"/> FIXTURES # _____	<input type="checkbox"/> A-C HEAT PUMP <input type="checkbox"/> HEAT PUMP	<input type="checkbox"/> MISC. _____	<input type="checkbox"/> SEWER CONNECTION <u>R</u> / <u>C</u>	DATE ISSUED _____ _____ 20____
(AIR CONDITIONING AND HEATING MUST ALSO HAVE ELECTRICAL PERMITS)				
EXPLANATION OF WORK: (Riser Diagram When Required)				
PLANS MUST BE ATTACHED				
NOTE: ALL PLUMBING WORK SHALL CONFORM WITH DARBY TOWNSHIP PLUMBING CODE				
I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. _____ PLUMBER		_____ PLUMBING INSPECTOR _____ DATE	BLDG. PERMIT # _____ ELECTRICAL # _____	