

TOWNSHIP OF CUMRU

1775 WELSH ROAD
 MOHNTON, PA. 19540
www.cumrutownship.org

PLUMBING PERMIT

Note: “ A PERMIT MAY BE DENIED IN ACCORDANCE WITH THE PROVISIONS OUTLINED IN ACT 90 OF 2010, THE NEIGHBORHOOD BLIGHT RECLAMATION AND REVITALIZATION ACT”

AN OWNER’S AFFIDAVIT OF CONSENT MUST BE FILLED OUT; OR A LETTER OF AUTHORIZATION FROM THE OWNER MUST BE ATTACHED.

Date: _____

Permit #: _____

Please check one: Residential: Commercial:

Is a Street Opening Permit required: No Yes (If yes, copy is required with plumbing permit)

Job Location: _____

Owner: _____

Address: _____

Phone #: _____

Email: _____

Contractor: _____

Address: _____

Phone #: _____

Email: _____

Prefer Contact: Phone Email:

ALL WORK SHALL CONFORM TO APPLICABLE STATE CODES
Description, Plans, & Specifications may be required

Residential Plumbing:		Fee Charge
<input type="checkbox"/> Permit Processing Fee	\$50.00	_____
<input type="checkbox"/> Full or Half Bath	\$50.00	_____
<input type="checkbox"/> Kitchen Fixtures (when drain lines are added or relocated)	\$50.00	_____
<input type="checkbox"/> Laundry Room (includes new drain lines and/or dryer exhaust)	\$50.00	_____
<input type="checkbox"/> Sanitary Sewer or Septic line repair*	\$50.00	_____
<input type="checkbox"/> New Water Service (public or on-site well)	\$50.00	_____
<input type="checkbox"/> Sump pumps (existing homes only)	\$50.00	_____
*May require addition permits and/or documentation	Total:	_____

Commercial Plumbing:

<input type="checkbox"/> Permit Processing Fee	\$50.00	_____
<input type="checkbox"/> 4 Fixtures or less	\$100.00	_____
<input type="checkbox"/> Fixtures shall include but not be limited to; floor drains, sump pumps, grease traps. Each additional Fixture	\$ 30.00	_____
<input type="checkbox"/> Sanitary Sewer line repair or relocation, includes on-site Septic*	\$100.00	_____
<input type="checkbox"/> New Water Service (public or on-site well)	\$100.00	_____
<input type="checkbox"/> Roof and/or Storm-water drainage piping	\$100.00	_____
*May require Drainage Permit	Total:	_____

Signature: _____

Print Name: _____ Owner: Contractor: Applicant:

Inspector: _____ Date Approved: _____ Date Completed: _____