PROCEDURE FOR OBTAINING A PLUMBING PERMIT

1. Fully complete the application for your permit making sure to date and sign it and return it along with the required application fee. The applicant for a permit may be the owner or owner's agent. (Please note that although the application fee is non-refundable, it will be applied toward the total cost of your permit(s), with the balance due at pick-up.)

2. For residential applications, the Building Inspector has a **3 week** period to review and approve or deny your permit application. For non-residential (commercial), **6 weeks** is allotted. Make sure there are daytime and evening telephone numbers for the Building Inspector to reach you should there be any questions about your application.

3. After the application has been approved, the applicant will be contacted when the permit is ready to be picked up and informed of the balance due. At pick up you will be asked to sign all copies of the permit, pay the balance of the permit fee and you will be given a check list with the inspection requirements for your project.

4. Permits are valid for one (1) year from date of issuance. The building official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. An additional fee will apply.

5. If you have any questions concerning your application, please contact Kraft Code Services at 610.775.7185. If no one is available when you call, please state the municipality your call pertains to and leave a detailed message.

6. **PLEASE NOTE**: No construction may begin without paying for and receiving your approved plumbing permit. Performing work without a permit will result in the doubling of all permit fees.

The following information should be included with your permit application:

- ☐ **Application Fee (*Applications received without the required application fee will be considered incomplete and will not be processed.)***
- ☐ Fully completed Plumbing Permit application
- ☐ Sketch or detailed description of work to be done
- ☐ Riser diagram showing existing and new fixtures, sanitary and vent piping
- ☐ Proof of contractor workers' compensation insurance or notarized exemption form

Kraft CODE SERVICES

PLUMBING PERMIT APPLICATION

Municipality in which work will be performed: _____

PROPERTY INFORMATION

Owner: _____ Phone #: _____

Street Address: _____

City/State/ Zip: _____

Cell #: _____ Fax #: _____ Email: _____

CONTRACTOR INFORMATION

Contractor: _____ Phone #: _____

Street Address: _____

City/State/ Zip: _____

Contact Person: _____

Cell #: _____ Fax #: _____ Email: _____

IMPROVEMENT INFORMATION:

Cost of improvement: _____

Location where improvements will be made: _____

Type of Work: ☐ New Construction ☐ Addition ☐ Alteration/Replacement

Brief description of work: _____

_____

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EQUIPMENT IDENTIFICATION

Type	***#***	***Type***	***#***	***Type***	***#***
Sanitary Sewer connection		Water Service connection		Miscellaneous	
Water Heater		Heating Boiler		Steam Heating Boiler	
Dom Water Piping Connections		Water Pump		Water Conditioner	
Dishwasher		Garbage Disposal		Rain Conductor	
Sanitary Sump Pump		Mechanical Systems		Other	

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Uniform Construction Code and/or any applicable ordinances of the municipality in which the work is to be performed as well as in accordance with the approved plan after a plan review has been completed. I understand that this is not a permit to begin work, but only an application for a permit and that work is not to start without a permit and that the fees for the permit may be doubled if work starts without a permit. I understand that if I give false information regarding this permit application that any permits issued based on this information will be invalid and the municipality could initiate legal proceedings against me, which could result in my being fined or imprisoned, or in the improvement being removed at my expense or any other legal remedy appropriate under the circumstances.

_____

Applicant Signature Date

PLUMBING PERMIT APPLICATION
SANITARY RISER DIAGRAM

Kraft
CODE SERVICES

1ST floor

Basement

PENNSYLVANIA WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM

Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly.

1. Are you the homeowner/property owner performing the work (as requested in this application) yourself?

☐ No - go to question #2

☐ Yes – read this exemption statement, sign to indicate your understanding and submit this form with your application "Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be employed on this project."

Signature: _____ Date: _____

2. Are you the homeowner/property owner who has hired a contractor to perform the work (as requested in this application)?

☐ No – go to question #3

☐ Yes – please have your contractor complete Sections A & B

3. Are you the contractor hired by the homeowner/property owner to perform the work as requested in this application)?

☐ Yes – complete Section A & B

☐ No – please explain: _____

A. Name of Company _____

Contact person _____ Phone # _____

Address of company _____

Federal or State Employee Identification # _____

Please select one of the following options:

☐ Applicant is a qualified self-insurer for workers' compensation

✓ *Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder*

☐ Applicant carries workers' compensation coverage with an insurance company

✓ *Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder*

☐ Applicant is exempt from providing workers' compensation insurance because:

☐ The contractor is a sole proprietorship without employees (The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.)

☐ All of the contractor's employees on the project claim an exemption based on religious grounds as defined in Section 304.2 of the Workers' Compensation Act.

Note: If you are requesting an exemption from the Workers' Compensation Act requirements, you must sign in Section B in front of a notary public.

Will you be using any subcontractor(s) on this project? ☐ No ☐ Yes (if yes, all subcontractors must present proof of insurance as required under the Pennsylvania Workers' Compensation Act.)

B. My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation insurance as needed and verifies that all statements made above are true. **I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act that I must sign this form in front of a notary public.**

Signature _____ Date _____

Address _____

NOTARIZATION REQUIRED FOR CONTRACTORS REQUESTING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE

County _____ Municipality of _____

My commission expires:

Subscribed and sworn to before me this-

_____ day of _____ 20___.

SEAL

_____