



# Charlestown Township

4030 Whitehorse Road, P.O. Box 507, Devault, PA 19432

(610) 240-0326 Fax: (610) 240-0328

[admin1@charlestown.pa.us](mailto:admin1@charlestown.pa.us)

## Uniform Construction Code Plumbing Permit Application

### Location of Proposed Work or Improvement:

- Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tax Parcel ID No.: \_\_\_\_\_ Sub-Div. Name & Lot No.: \_\_\_\_\_ Zoning: \_\_\_\_\_
- Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_
- Principal Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
PA Registration #: \_\_\_\_\_

### Type of Work or Improvement: (check one):

New Building     
  Addition     
  Alteration     
  Repair     
  Demolition  
 (Proof of Termination)

Describe Proposed Work: \_\_\_\_\_

Number of Fixture Units \_\_\_\_\_ **Estimated Cost of Plumbing Construction** \_\_\_\_\_

Number and Size of Soil Stacks \_\_\_\_\_ Type of Sewage Disposal \_\_\_\_\_

Size of Building Drain \_\_\_\_\_ Size of Building Sewer \_\_\_\_\_

Type of Septic Tank and Capacity \_\_\_\_\_ (give dimensions and number of tanks)

Type of Final Disposal 1. Tile Field \_\_\_\_\_ 2. Seepage Pit \_\_\_\_\_ 3. Other \_\_\_\_\_

Type and Number of Fixtures, Drain and Trap Size: \_\_\_\_\_

Basement (include stub up for future) Type(s) \_\_\_\_\_ Size(s) \_\_\_\_\_

1st Floor Type(s) \_\_\_\_\_ Size(s) \_\_\_\_\_

2nd Floor Type(s) \_\_\_\_\_ Size(s) \_\_\_\_\_

3rd Floor Type(s) \_\_\_\_\_ Size(s) \_\_\_\_\_

Additional fixture listing \_\_\_\_\_

**Description of Building Use:** (check one):

<p><b>Residential</b></p> <p>One Family Dwelling</p>	<p><b>Residential</b></p> <p>Two Family Dwelling</p>	<p><b>Non-Residential</b></p> <p>Specific Use: _____</p> <p>Use Group: _____</p> <p>Change in Use:      Yes      No  <i>(If "Yes," indicate former use):</i></p> <p>_____</p>
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The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the municipality. The property owner and applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provision of the codes or ordinances of the Municipality or any other governing body. The applicant certifies that he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by a Registered Master Plumber or by the Registered Design Professional employed in connection with the proposed work.

***I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.***

\_\_\_\_\_  
*Signature of Property Owner [MUST BE OWNER ONLY!]*

\_\_\_\_\_  
*Print Name of Property Owner [MUST BE OWNER ONLY!]*

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

**Directions to the Site:**

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*Make checks payable to Charlestown Township\*\*\***

P.O. Box 507, Devault, PA 19432 (610) 240-0326 phone, (610) 240-0328 fax

***Township Use Only***

Date Application Received: \_\_\_\_\_ Permit No: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Application Approved/Denied: \_\_\_\_\_ Plan Reviewed by: \_\_\_\_\_

Zoning Approval and Zoning Permit No.: \_\_\_\_\_ If Denied, State Reason: \_\_\_\_\_