

Date: _____
 THIS PERMIT EXPIRES ONE YEAR AFTER DATE

Plumbing Permit # _____
 Sewer Connection # _____

**SPRING GARDEN TOWNSHIP
 PLUMBING PERMIT APPLICATION**

558 S. Ogontz Street, York, PA 17403
 Phone: (717) 848-2858
 Fax: (717) 854-8257
 E-Mail: springgardentwp.org

Property Owner _____
 Property Address _____
 Plumber's Name _____ License # _____
 Plumber's Address _____ Phone _____

Description of Work Proposed

ALL WORK AND CONSTRUCTION MATERIALS TO BE IN ACCORDANCE WITH THE RULES AND REGULATIONS OF
 SPRING GARDEN TOWNSHIP. PLEASE PROVIDE DRAWING OR ATTACH BLUE PRINTS.

Type of Connection: (circle one) **Residential – Commercial - Industrial** **Public Sewer -- On-Lot System**

Written description of work: _____

<i>Floors:</i>	<i>Bsmt</i>	1	2	3	4	<i>Floors:</i>	<i>Bsmt</i>	1	2	3	4	<i>Floors:</i>	<i>Bsmt</i>	1	2	3	4
Water Closet						Shower						Safe Waste					
Lavatories						Grease Trap						Cellar Drain					
Sinks						Garage Drain						Clothes Washer					
Bath Tubs						Bar						Garbage Disposal					
Laundry Tubs						Soda Fountain						Area Drain					
Urinals						Dental Cuspidor						Drinking Fountain					
Service Sink						Dish Washer						Other					

..... DO NOT WRITE BELOW; TOWNSHIP USE ONLY

Inspections Completed:
LATERAL _____
ROUGH-IN _____
FINAL _____
MISCELLANEOUS _____

FEES:	
Permit Fee	\$ _____
____ Extra Fixtures @ \$5.00	\$ _____
Garbage Disposal	\$ _____
Sewer Connection	\$ _____
Add'l. Inspections	\$ _____
TOTAL FEES	\$ _____

RECEIVED BY:

SPRING GARDEN TOWNSHIP
 Plumbing Inspector