



SPRING GARDEN TOWNSHIP
558 South Ogontz Street, York, PA 17403
Phone: (717) 848-2858 Fax: (717) 854-8257
Website: www.springgardentwp.org

PLUMBING PERMIT APPLICATION

Plumbing Permit # _____ Date: _____
THIS PERMIT EXPIRES ONE YEAR AFTER DATE

Sewer Connection # _____ Tax Parcel # _____

Property Owner Name _____ Phone # _____

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 ENFORCING 2009 INTERNATIONAL PLUMBING CODES. PLEASE PROVIDE DRAWING OR ATTACH BLUE PRINTS.

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

Written description of work: _____

RECEIVED BY:

SPRING GARDEN TOWNSHIP