



BOROUGH OF ST LAWRENCE

3540 ST LAWRENCE AVENUE
READING PA 19606
(610) 779-1430 FAX: (610) 779-9148

UCC PLUMBING PERMIT APPLICATION

Application # _____

Date _____

Property Owner: _____

Property Address: _____ Telephone No. _____

Name of Plumber _____ Telephone No. _____

DESCRIPTION OF WORK TO BE PERFORMED _____

Estimated cost of plumbing work to be performed \$ _____

Applicant Signature

*** BOROUGH USE ONLY ***

FEE		COMMENTS
_____	Inspection	_____
_____	Other	_____
_____	Total Fee	_____
_____		_____

By: _____
Brian Sands/Plumbing Inspector

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PLUMBING INSPECTOR: BRIAN SANDS (610)374-8397

The following abstract of specifications of Plumbing and Drainage, with description and plan are submitted for approval.
 All work, materials and construction shall be in accordance with the plumbing code of the Borough of St Lawrence.
 All applications must be returned to the Borough of St. Lawrence office at the above address

	# Of	Floor				
	Fixtures	Number	Trap Type	Size	Material	Vent Size and Material
Bath Tub						
Dish Washer						
Drinking Fountain						
Floor Drain						
Garage Drain						
Grease Trap						
Garbage Disposal						
Kitchen Sink						
Laundry Tray						
Water Heater (Relief Valve)						
Rain Conductor						
House Sewer Connection						
Storm Sewer Connection						
Interceptors (Specify)						
Shower/Bath						
Wash Basin						
Washerwaste						
Water Closet						
Water Conditioner						
Water Service						

DIAGRAMMATIC OR ISOMETRIC WASTE & VENT

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CERTIFICATION STATEMENT

I certify under penalty of law that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name

Signature

Date

Sworn and subscribed to before me, this _____ day of _____, 20____

Notary Public

My Commission expires _____

(Notary Public Seal and Stamp)