

NEWLIN TOWNSHIP
CHESTER COUNTY, PENNSYLVANIA
P.O. BOX 447
UNIONVILLE, PA 19375
Phone: (610) 486 - 1141 Fax: (888) 659 - 8823
Email: info@newlintownship.org
Copy to: cakologie@casval.com

PLUMBING PERMIT APPLICATION

Instructions for completing Application:

1. This application and any accompanying plans must be mailed to: CASTLE VALLEY CONSULTANTS, INC., 1011 Daisy Point Road, Pottstown, PA 19465.
NOTE: Three (3) sets of plans and specifications shall accompany the application as well as three (3) plot plans showing the size of the lot and the location of improvements thereon, giving side, rear and front yard requirements.

2. The application fee and a copy of the application form must be sent to Newlin Township at the address above. Refer to the latest version of the Newlin Township Fee Schedule found at www.newlintownship.org by clicking on the 'permits & forms & apps' tab. This application must provide all of the information requested on this form.
NO APPLICATION WILL BE ACCEPTED WHICH IS INCOMPLETE AND/OR WHICH IS SUBMITTED WITHOUT THE REQUIRED FEE. FEES MUST BE RECEIVED BY THE TOWNSHIP SECRETARY PRIOR TO ACCEPTANCE OF THE APPLICATION.

Please submit the completed application via email to: info@newlintownship.org
For any and all questions, please use the Township as first point of reference.

For Alterations to Plumbing other than repairs, please explain:

PERMIT NO. _____ DATE ISSUED _____

Location of Work: _____

TAX PARCEL NUMBER: _____

USE OF PREMISES: _____

APPLICANT

Name of Owner Address

Phone Number Email

CONTRACTOR

Name of Contractor Address

Phone Number Email

PA HIC #: _____

Fax Number

Description of Job to be performed:

Select Fixture(s) and Quantities

- | | | | |
|---|---|---|---|
| ___ <input type="checkbox"/> Stacks | ___ <input type="checkbox"/> Sinks | ___ <input type="checkbox"/> Baths | ___ <input type="checkbox"/> Water Closet |
| ___ <input type="checkbox"/> Lavatory | ___ <input type="checkbox"/> Tank & Heater | ___ <input type="checkbox"/> Sump | ___ <input type="checkbox"/> Showers |
| ___ <input type="checkbox"/> Flood Drains | ___ <input type="checkbox"/> Fountain | (Drinking) ___ <input type="checkbox"/> Urinal | ___ <input type="checkbox"/> Catch Basin |
| ___ <input type="checkbox"/> Dishwasher | ___ <input type="checkbox"/> Humidifier | ___ <input type="checkbox"/> Garbage Grinder | |
| ___ <input type="checkbox"/> Washing Machine | ___ <input type="checkbox"/> Special Wastes | ___ <input type="checkbox"/> Miscellaneous Fixtures | |
| ___ <input type="checkbox"/> Water Distribution Systems | | | |

Fee Total: \$ _____

Estimated Cost: \$ _____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT TOWNSHIP ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Owner's Signature

Applicant's Signature

Approved By

Date

Workers' Compensation Insurance Coverage Information

(attach to building permit application)

A. The Applicant is or is contracting with

A contractor within the meaning of the Pennsylvania Workers' Compensation Law.

Yes No

If the answer is yes, complete Section B or C as appropriate. If no, complete Section D.

B. Insurance Information

Contractor Name: _____ Phone #: _____

Address: _____

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

Certificate attached

Insurance Provider: _____ Policy #: _____

Certificate attached Policy Expiration Date: _____

Contractor's Signature: _____ Date: _____

C. Exemptions – Complete if claiming exemption from providing workers' compensation insurance.

The undersign swears or affirms that he/she is not required to provide workers' compensation insurance under the provision of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to/before me this _____ day
of _____ 20 _____

Signature: _____

(Signature of Notary Public)

Printed Name: _____

Address: _____

My commission expires _____

Phone: _____

County of: _____

(Seal)

Municipality of: _____

D. Property owner ONLY doing work. No contractors or employees involved. Date: _____

Name: _____ Signature: _____