

## PLUMBING PERMIT APPLICATION

Type of Building	Zoning District	Parcel Number
I hereby certify that I have examined this application and its attachments finding them to be in accordance with the provisions set forth in the PA Uniform Construction Code, 2018 International Building Code, 2018 Plumbing Code, and Ordinances of West Brandywine Township.		
<b>APPROVED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
on _____, 20____		_____ Building Inspector
Permit Fee (base)    \$ _____ + PA UCC Fee \$ _____		_____ Building Code Official
<b>Total Permit Fee    \$ _____</b>		<b>Permit Number _____</b>

*Top Section for Office Use Only – Fill application below*

### PROPERTY INFORMATION

Street Number	Street Name	
City	Zip Code	
Parcel Number	Lot Size	

### OWNER INFORMATION

First Name	Last Name
Mailing Address (if different from above)	
Email Address	Daytime Phone

### AUTHORIZED AGENT (if applicant is not the owner)

First Name	Last Name
Business Name	WBT Contractor License #
Mailing Address	
Email Address	Daytime Phone

### TYPE OF OCCUPANCY

- |  |  |
|--|--|
| <input type="checkbox"/> Single Family Dwelling      | <input type="checkbox"/> Commercial    |
| <input type="checkbox"/> Multi-Family Dwelling       | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Other- please specify _____ | <input type="checkbox"/> Industrial    |

**PLUMBING DETAIL**

New                       Alteration                       Other (specify) \_\_\_\_\_

Water Service:               Public                       Private (Well)                      CCHD Permit # \_\_\_\_\_

Sewer Service:               Public                       Private (On-Lot Septic)                      CCHD Permit # \_\_\_\_\_

	YARD	BASEMENT	1 <sup>st</sup> FLOOR	2 <sup>nd</sup> FLOOR	UPPER FLOOR	OTHER	TOTALS
NEW Water Service Line							
Stack							
Water Closet							
Bathtub							
Lavatory Sink							
Kitchen Sink							
Laundry Tub							
Garbage Disposal							
Dishwasher							
Water Treatment							
Sump Pump and/or Sewage Ejector (indoor)							
Floor Drain							
Water Heater							
Misc. Fixture							
Hydronic Solar							
Sprinkler System (per head)							
Hose Bib							
Public Sewer Hookup							

**NEW SEWER ONLY**

To be included with Sewer Packet:

- West Brandywine Municipal Authority Tap in Application and Fee
- 2 sets of plumbing riser/vent diagram (must show length of run, bends in pipe, etc.)
- Materials List
- Third-Party Electrical (as applicable)

**TOTAL COST OF WORK** (materials and labor) \$ \_\_\_\_\_

**INSPECTIONS**

The issuance of this permit requires the applicant to comply with all provisions set forth in the PA Uniform Construction Code, 2018 International Code Council Building Code, 2018 International Plumbing Code, and Zoning Ordinances of West Brandywine Township. The inspections marked below are the stages of construction when West Brandywine Township Codes Department must be notified by the applicant. Inspections shall be scheduled forty-eight (48) hours in advance. Failure to notify the Township before proceeding to the next step will result in a stop order. Twenty-four (24) hour notice is required to cancel a scheduled inspection; Failure to do so will result in a failed inspection.

*\*Fee for all failed inspections as outlined in the current fee schedule.*

*This section to be completed by WBT Codes Department*

**REQUIRED INSPECTIONS**

Permit # \_\_\_\_\_

- UNDERGROUND INSPECTION – Shall be made after trenches or ditches are excavated and bedded, piping installed, and before any backfill is put in place.
- ROUGH-IN INSPECTION – Shall be made after the roof, framing, fire-blocking, fire-topping, draft-stopping and bracing is in place and all sanitary, storm, and water distribution piping is roughed in and prior to the installation of wall or ceiling membranes.
- THIRD PARTY ELECTRICAL INSPECTION – As applicable.  
Applicant is responsible for contracting with a third-party agency licensed in Pennsylvania for electrical inspections. Rough and Final electrical inspections must be completed by the same electrical inspector.
- FINAL INSPECTION – Shall be made after the building is complete, all plumbing fixtures are in place and properly connected, and the structure is ready for occupancy.

\_\_\_\_\_  
West Brandywine Township Codes

\_\_\_\_\_  
Date

**APPLICANT’S CERTIFICATION**

I hereby apply for a plumbing permit and certify that the information above is complete and accurate. The work will be in conformance with 2018 International Plumbing Code, 2018 International Building Code, and Ordinances of West Brandywine Township. I hereby certify that I have examined this completed application and the statements therein are true and correct, and that all work shall be done in accordance with all applicable Township, County, and State Laws. Falsified information will result in revocation of the Permit.

\_\_\_\_\_  
Signature of Owner/Applicant

\_\_\_\_\_  
Date

WEST BRANDYWINE TOWNSHIP CODE ENFORCEMENT OFFICE

198 Lafayette Road

West Brandywine, PA 19320

Phone: 610-380-8200 Fax: 610-384-4934

**CONTRACTOR'S INSURANCE VERIFICATION**

**FEE PER CURRENT FEE SCHEDULE**

DATE: \_\_\_\_\_

Contractor's engaging in any and all types of home improvements shall register with West Brandywine Township Codes Office prior to commencing home improvements within the Township. A check shall accompany completed application, made payable to West Brandywine Township.

Please complete the application in its entirety. Sign and date application, include current Certificate of Insurance naming West Brandywine Township as the Certificate Holder, specifying minimum general liability and workers compensation limits as outlined below. If you are filing a self-employment or religious exemption, and are not required to carry Workers Compensation Insurance, **please complete and have notarized the attached Affidavit for submittal along with the Application. If the Affidavit is not completed, processing of the application will be delayed. Also include a copy of your State Registration Certificate.**

The following minimum insurances are required to obtain a valid Registration Certificate:

- a. General Liability - 1) Per Occurrence - \$500,000; 2) Per Personal Injury - \$500,000; 3) Property Damage - \$1,000,000
- b. Workers Compensation and Employer's Liability - 1) Each Accident - \$100,000

**VALID FOR ONE YEAR FROM DATE OF ISSUANCE**

**CONTRACTOR INFORMATION:**

Contractor's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Names of principal partner or officer: \_\_\_\_\_

Type of Contractor: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ If you have no employees and you do not have worker's compensation insurance, please complete attached Affidavit, sign, notarize, and include with this application.

Municipalities presently certified in: \_\_\_\_\_

Certificate of Insurance attached:  Yes  No

**CERTIFICATION: THE ABOVE STATEMENTS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

WEST BRANDYWINE TOWNSHIP CODE ENFORCEMENT OFFICE

198 Lafayette Road

West Brandywine, PA 19320

Phone: 610-380-8200 Fax: 610-384-4934

Worker's Compensation Insurance Coverage to comply with Act 44 of 1993

**AFFIDAVIT**

**To be completed if Applicant is a contractor claiming exemption from providing Worker's Compensation Insurance, i.e. if you have no employees or claiming exemption on religious grounds, the Affidavit must be completed, signed and notarized. Contractor's Insurance Verification process will be delayed if Affidavit is not completed.**

Name of Applicant: \_\_\_\_\_

Federal or State Employer or Tax Identification No: \_\_\_\_\_

The undersigned swears or affirms that he/she is not required to provide Worker's Compensation Insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons as indicated:

Contractor and sole proprietor without 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.

Contractor exempt on religious grounds qualified under Section 304.2 of the WC Act.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**My Commission Expires:**