



Borough of Parkesburg
315 West First Avenue, Building 1
Parkesburg, PA 19365
610-857-2616

APPLICATION FOR PLUMBING PERMIT

Date: _____

Please furnish all information required

Applicant: _____
Name of Owner Phone No.

Address

Application is hereby made for a permit for: _____
Job Site Address

new work, alterations, sewer connection, on-site sewage system installation or repair. The following plans and specifications either hereon or attached (list drawings by number and title) _____

are submitted for approval.

I/We declare under penalties of perjury that this application (including any accompanying plans and specifications) has been examined by me/us and to the best of my/our knowledge and belief is a true, correct and complete application. Further, that all work will be performed according to the approved plans and specifications and in accordance with the Ordinances of the Borough of Parkesburg and the Laws and Regulations of the Commonwealth of Pennsylvania.

Date

Owner's Signature

Plumber's Name

Plumber's Signature

Approved by: _____

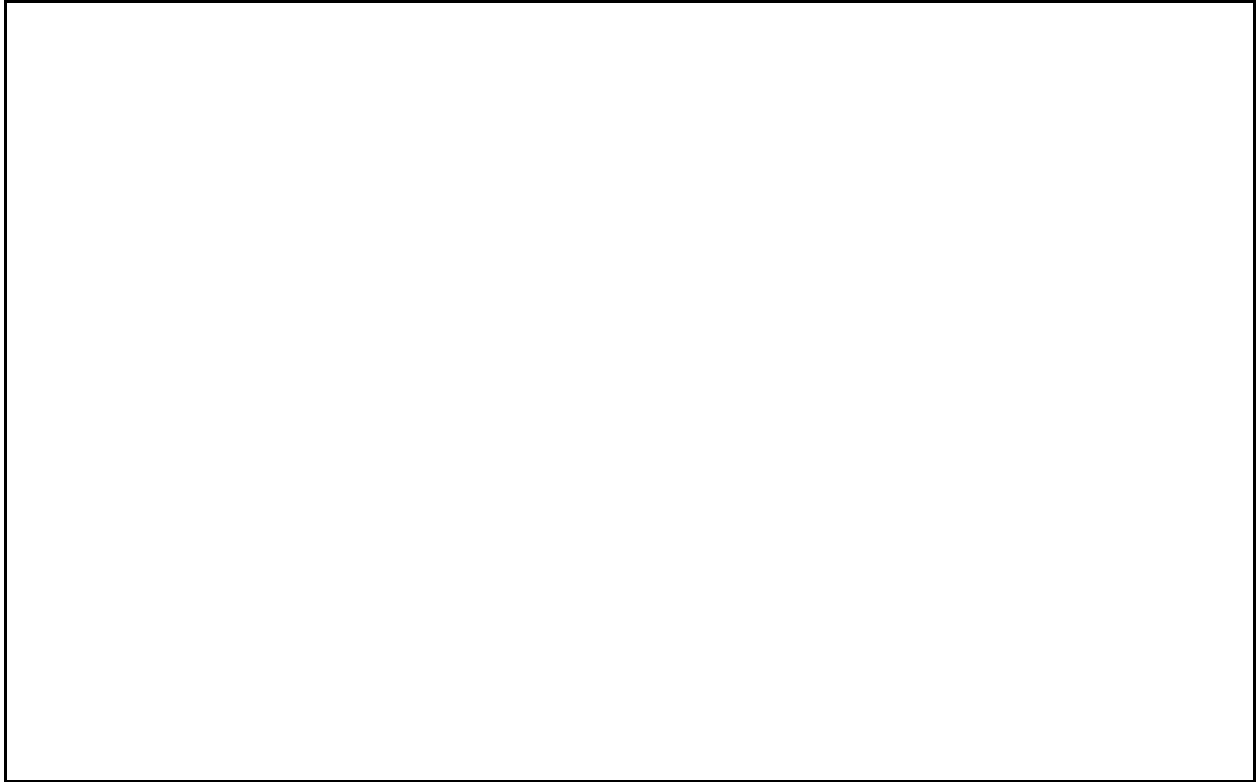
Date: _____

Permit No: _____

Fee: _____

Neil D. Vaughn, B.C.O
ARRO Consulting, Building Inspector
Phone: 610-857-2616 Fax: 610-857-1102

Plot Plan



Elevation

Roof	
Third	
Second	
First	
Basement	