

Township of Falls

Office of Code Enforcement
(215) 949-9000

PLUMBING/MECHANICAL APPLICATION

Estimated Cost of Plumbing \$ _____

Estimated Cost of Mechanical \$ _____

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-242-1776.

Work Site Location _____ Lot _____

Owner Name (Printed) _____

Owner Signature _____

Telephone (____) _____

Contractor _____

Address _____

Telephone (____) _____

RCC or License No. _____ Business License No. _____

Manufacturer's Specifications of Equipment: (Installation manuals are required for all new heating equipment)

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

JOB SUMMARY/PLAN REVIEW (Office Use Only)

() No Plans Required

Joint Plan Review Required:

() Building () Electric () Fire () Manual/Specs Received

Date: _____

Approved By: _____

E. TECHNICAL SITE DATA (List all fixtures.) FIXTURE/EQUIPMENT

NO.	*R/N	PLUMBING	NO.	*R/N	MECHANICAL
_____	_____	Water Heater	_____	_____	Fuel Oil Piping
_____	_____	Bath Tub	_____	_____	Gas Piping
_____	_____	Water Closet	_____	_____	Steam Boiler
_____	_____	Urinal/Bidet	_____	_____	Water Boiler
_____	_____	Lavatory	_____	_____	Water Cooled A/C or Refrigeration Unit
_____	_____	Shower	_____	_____	Forced Air Furnace
_____	_____	Floor Drain	_____	_____	Heat Pump
_____	_____	Sink	_____	_____	Gas Log Insert
_____	_____	Dishwasher	_____	_____	Vent Free Appliance
_____	_____	Drinking Fountain	_____	_____	Duct Work
_____	_____	Automatic Cloths Washer	_____	_____	Close Dryer Exhaust
_____	_____	Sewer Connection	_____	_____	Fire Dampers
_____	_____	Water Service Connection	_____	_____	Smoke Control System
_____	_____	Hose Bib	_____	_____	Commercial Kitchen Exhaust
_____	_____	Sewer Pump	_____	_____	Hot Water Expansion Tank
_____	_____	Interceptor/Separator	_____	_____	Metal Chimneys/Vent
_____	_____	Backflow Preventer	_____	_____	Factory Built Fireplaces
_____	_____	Grease Trap	_____	_____	Masonry Chimneys
_____	_____	Roof Drains	_____	_____	Factory Built Fireplaces
_____	_____	Food Waste Grinder Unit	_____	_____	Masonry Fireplaces
_____	_____	Emergency Shower/Eyewash	_____	_____	Other
_____	_____	Whirlpool Tub			
_____	_____	Sump Pump			
_____	_____	Other			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and I am authorized to make this application and perform the work listed on this application. _____

*R/N = Replace/New Location

Signature - Contractor Seal

Date