

# Application For Plan Examination And Plumbing Permit

<b>TYPE OF IMPROVEMENT</b> <input type="checkbox"/> New Plumbing <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<b>PROPOSED USE RESIDENTIAL/COMMERCIAL</b> <input type="checkbox"/> One Family <input type="checkbox"/> Two or More Family, enter number of units: _____ <input type="checkbox"/> Other _____ _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Other, Specify: _____ _____ _____
<b>RESIDENTIAL BUILDINGS ONLY</b>  Number of Bathrooms:  FULL _____  PARTIAL _____	

**CONTRACTOR OR APPLICANT  
MUST COMPLY WITH HANOVER TOWNSHIP BUILDING CODES**

**All Contractors MUST submit a copy of their contract and plan in order to take out a permit.**

**Permits will not be issued to contractors without a contract.**

Contractors and Homeowners must call the Code Enforcement Office at (570) 825-1247 for an inspection to be made for work that has been completed under this permit.

  

<b>COST:</b> <i>(Omit Cents)</i>	COST OF IMPROVEMENT	\$ _____
	PLUMBING	\$ _____
	OTHER	\$ _____
		_____
	<b>TOTAL COST</b>	<b>\$ _____</b>

_____	_____
<i>Contractor Signature</i>	<i>Owner/Applicant Signature</i>

Reference To Act 44

No changes in employees since last Act 44 was executed.

SIGNATURE \_\_\_\_\_

**PLUMBING APPLICATION**  
*(print or type information)*

**INSPECTIONS / NOTES:**

Permit No.: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Social Security Fed. I.D. No.: \_\_\_\_\_

Homeowner Applicant: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Brief Description of Work Being Done:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Started: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Fee: \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_