

1307 West Lehigh Street Bethlehem, PA 18018 610-866-9663 Office info@keycodes.net www.keycodes.net

PLUMBING PERMIT APPLICATION

		A		
		Permit #		
1. Project Address:		Date:		
2. Owner:	Phone #:	Cell		
3. Store Name:	Si	Suite #		
4. Address:	State:Zip	Email		
5. Applicant:	Phone#	Cell		
6. Address:	State:Zip	Email		
7. Contractor Name:	Phone #_			
8. COMMERCIAL RESIDEN	TIAL			
9. Description of Work:				
10. Project Information: LIST NUMBER OF FL	XTURES FOR EACH			
Water ClosetsBath Tubs	_ShowersL	avatories	_Sinks	
Garbage DisposalUrinals	_Drinking Fountains	Cooler Foun	tain	
Clothes Washing MachineFloor Drains_	House Trap	Laundry Tu	b	
Other Fixtures Not Listed				
Sanitary pipe material	Water pipe material			
SHOW ALL VENT SIZES ON PLAN				
11. Plans: 3 COMPLETE SETS PROFFES	SSIONAL SEAL CO BRCIAL ONLY)	DE EDITION		
12. Applicant Signature:		Date:		
Print Name:				