

Trappe Borough, Montgomery County, PA

525 West Main Street Trappe, PA 19426
Phone: 610.489.7181 Fax: 610.489.8827
Website: www.trappeborough.com



Application for **PLUMBING PERMIT**

Please refer to Trappe Borough Code § 135 5-8 for more information.

A PLUMBING PERMIT IS REQUIRED FOR:

- Re-locating pipes, drains, sinks, toilets, bathtubs, showers
- Extending existing pipes for an existing or new bathroom/powder room, etc.
- Anytime a trap is moved or replaced
- Replacement of water heater
- **NOTE:** A Plumbing Permit is *not* required if you are simply replacing existing fixtures – that is, sinks, faucets, toilets, bathtubs, and/or showers.

REGISTRATION:

As part of the Plumbing Permit Application a property owner needs to supply the name of the plumber with whom they have arranged to do the planned work. **Plumbers must be registered with Trappe Borough during the year within which work will be done.** The “Plumber’s Registration” form and the current “Fee Schedule” are available at www.trappeborough.com.

DEFINITIONS:

For purposes of this Plumbing Permit Application, use the following definitions.

Modification: Relocation of existing pipes and valves

New: Extension of existing plumbing system to service addition, new bathroom, etc.

All applications, forms, & resources referenced in this application are available at Borough Hall ~OR~ on the web at www.trappeborough.com

PERMIT APPLICATION: *PLUMBING*

PROPERTY INFORMATION

ADDRESS OF JOBSITE: _____

Residential Commercial Other: _____

EXISTING USE (*indicate selection*):

Owner-occupied Renter-occupied Vacant Other: _____

INTENDED USE OF IMPROVEMENT (*indicate selection*):

Owner-occupied Renter-occupied Vacant Other: _____

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PROPERTY OWNER INFORMATION

NAME: _____

ADDRESS: _____

CITY, ZIP: _____

CONTACT INFORMATION: (Please provide **TWO** phone #s that give quickest access to owner)

1. PHONE: _____

(Phone type): Home Work Cell

2. PHONE: _____

(Phone type): Home Work Cell

EMAIL: _____

OWNER SIGNATURE: _____

SIGNATURE REQUIRED IF OWNER IS APPLICANT.

Otherwise, completion of "Owner's Authorization" section required.

OWNER'S AUTHORIZATION

THIS SECTION REQUIRED to be completed by Property Owner if Applicant is other than Owner

Dated: _____

I (We) _____

(NAME OF PROPERTY OWNER)

(ADDRESS OF PROPERTY OWNER)

owner(s) of the property located at: _____

(SITE ADDRESS)

do hereby authorize the Applicant listed below to submit application for the following work on my/our behalf:

(PRIMARY OWNER'S SIGNATURE)

(SECONDARY OWNER'S SIGNATURE)

(PRINT PRIMARY OWNER'S NAME)

(PRINT SECONDARY OWNER'S NAME)

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APPLICANT INFORMATION (Non-Owner)

APPLICANT NAME: _____

RELATIONSHIP OF APPLICANT TO OWNER:

- CONTRACTOR: PA LICENSE (HIC #) - _____
 REALTOR FOR SELLER REALTOR FOR BUYER
 OTHER: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY, ZIP: _____

PRIMARY PHONE: _____ CELL PHONE: _____

APPLICANT EMAIL: _____

APPLICANT SIGNATURE: _____

**SIGNATURE REQUIRED IF APPLICANT IS NOT
THE OWNER OF RECORD**

PLUMBER INFORMATION

(If different from Applicant)

PLUMBER NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY, ZIP: _____

PRIMARY PHONE: _____ CELL PHONE: _____

TRAPPE BOROUGH REGISTRATION # (current year): _____

When plumbers register in Trappe they receive a Registration Card valid through the end of the calendar year. Registration number can be found on this card or check with Borough office.

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PROJECT INFORMATION

BRIEF, GENERAL DESCRIPTION OF PROJECT: _____

FROM THE FOLLOWING, INDICATE ALL THAT APPLY TO THIS BUILDING PROJECT:

- Demolition New Construction Addition Alteration Renovation Repair

Does work to be done for this project also include Building, Electrical and/or Mechanical?
 YES NO
NOTE: *Separate applications need completed & submitted with supporting documentation for Building, Electrical and/or Mechanical work.*

PA ONE CALL ID #: _____

Incomplete submission of all required information and/or documents* will result in the entire application being returned. You will then need to resubmit with all documentation.
** The one exception to this requirement is the Certificate of Insurance. These may be faxed to the Borough office (610.489.8827) by contractor's insurance company.*

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FEE CALCULATION & PERMIT FEE DUE

CONSTRUCTION VALUE (Plumbing only; Remove electrical, mechanical & building costs) _____

SETTING: **COMMERCIAL** or **RESIDENTIAL?** *Jump to appropriate section below.*

COMMERCIAL

TYPE OF CHANGE: **NEW** or **MODIFICATION OF EXISTING**
Complete the appropriate section below.

NEW

TOTAL of the following:

- Flat fee** for the first \$1,000.00 of construction _____
- PLUS two percent (2%) for each additional \$1,000.00 or fraction thereof _____
- PLUS \$4.00 UCC fee _____

TOTAL DUE: _____

MODIFICATION OF EXISTING = Relocation of existing pipes/valves

- Flat fee ** _____
- PLUS \$4.00 UCC fee _____

TOTAL DUE: _____

RESIDENTIAL

TYPE OF CHANGE: **NEW** or **MODIFICATION OF EXISTING**
Complete the appropriate section below.

NEW

GREATER of the following: _____

- Multiply Construction Value above by 1% (.01)
- MINIMUM New Residential System fee

PLUS \$4.00 UCC fee _____

TOTAL DUE: _____

MODIFICATION OF EXISTING = Relocation of existing pipes/valves

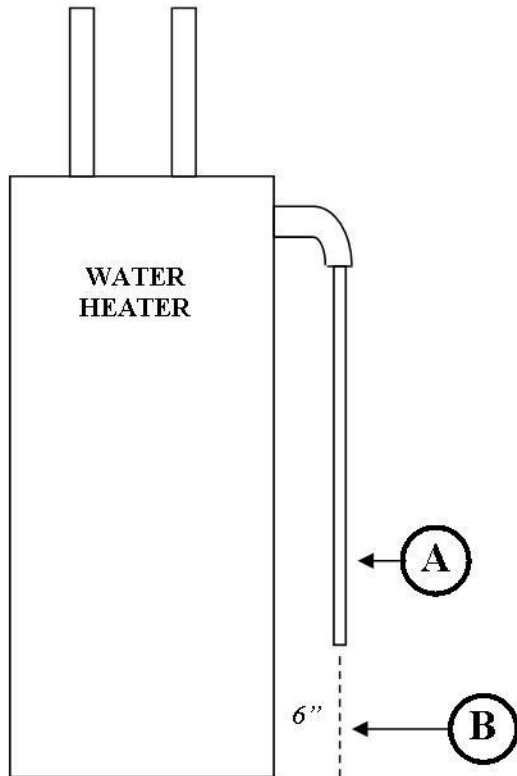
- Flat fee ** _____
- PLUS \$4.00 UCC fee _____

TOTAL DUE: _____

Current year's fee at time of application submission will be charged. See current year's "Fee Schedule" to verify actual rate.

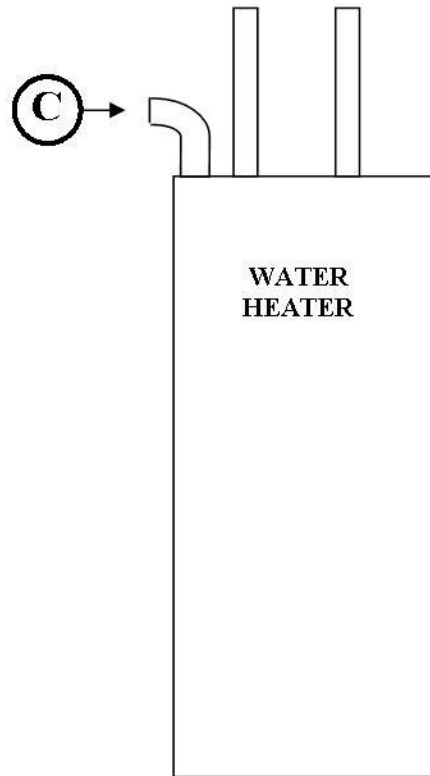


RIGHT



- A** Relief valve must be piped to the drainage system or to another safe location, such as the floor (shown above).
- B** Any discharge pipe directed to the floor must be no more than six inches (6") above the floor.

WRONG



- C** Open relief valves are prohibited, as this presents a danger to people in the immediate area

**This also applies to
furnace relief valves.**

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PERMIT APPLICATION: *PLUMBING*

FOR BOROUGH USE ONLY

INCLUDED WITH APPLICATION SUBMISSION:

APPLICABLE FEES:

* Permit Fee: _____
State Surcharge: _____

Total Fee:

** See current fee schedule*

PAYMENT INFO:

Date: _____
Amount paid: _____
Payment type: Cash Check # _____
Approval: _____

- PAYMENT NOTED ABOVE
- PLANS / DOCUMENTATION
- CERTIFICATE OF INSURANCE
- WORKER'S COMP COVERAGE
- HOA APPROVAL
- ANY/ALL APPROVED ZONING PERMITS

PARCEL ID #: 23-00-_____

BLOCK: _____

UNIT: _____

ZONING DISTRICT: _____

PERMIT # ASSIGNED: _____

COMMENTS:

PA-UCC Certified Plan Reviewer
Building Code Official