



**New Hope Borough**  
**123 New Street**  
**New Hope, PA 18938**  
**215-862-3347**



**PLUMBING SUBCODE**  
**TECHNICAL SECTION**

Date Received \_\_\_\_\_  
 Control # \_\_\_\_\_

Date Issued \_\_\_\_\_  
 Permit # \_\_\_\_\_

**A. IDENTIFICATION—APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. **FOR UTILITIES, CALL PA ONE CALL at 811 or 800-242-1776**

Parcel \_\_\_\_\_  
 Work Site Location \_\_\_\_\_

Owner in Fee: \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_  
street municipality zip code

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_  
street municipality zip code

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

Est. Cost of Plumbing Work \$ \_\_\_\_\_

JOB SUMMARY (Office Use Only)					
PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
<input type="checkbox"/> No Plans Required		Type:	Failure	Failure	Approval
<input type="checkbox"/> Partial -Underslab Utilities Approved		Slab	_____	_____	_____
Date: _____ Approved by: _____		Rough	_____	_____	_____
<input type="checkbox"/> Plumbing Plans Approved		Water	_____	_____	_____
Date: _____ Approved by: _____		Sewer	_____	_____	_____
Joint Plan Review Required:		Fixtures	_____	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev.		Gas Equipment	_____	_____	_____
SUBCODE APPROVAL for PERMIT		Gas Piping	_____	_____	_____
Date: _____		LPGas Tank	_____	_____	_____
Approved by: _____		Fuel Oil Piping	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Solar _____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA		TCO	_____	_____	_____
Date: _____		Final	_____	_____	_____
Approved by: _____			_____	_____	_____

**C. CERTIFICATION IN LIEU OF OATH**

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

Applicant sign/Contractor sign here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Contractor  Exempt Applicant

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	\$ _____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LPGas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks _____	_____
_____	Other _____	_____

Administrative Surcharge \$ \_\_\_\_\_  
 Minimum Fee \$ \_\_\_\_\_  
 State Permit Surcharge Fee \$ \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.