



SPRING GARDEN TOWNSHIP

ADMINISTRATION ○ 340 TRI HILL ROAD, SUITE A
 YORK, PA 17403-5709
 PHONE NUMBER: 717.848.2858

PLUMBING PERMIT APPLICATION

Select a Permit Type		
<input type="radio"/> Residential	<input type="radio"/> Commercial	<input type="radio"/> Industrial

Project Site Information			
Property Address:		UPI/Tax Map & Parcel Number:	
Zoning District:		Ward:	
Is the property in the floodplain?	<input type="radio"/> Yes <input type="radio"/> No		

Property Owner Information			
Name: (Last, First)		Tele #:	
Full Address: (house #, street, city, state, zip)			
Property Owner's Email Address:			
Property Owner's signature needed if authorizing Contractor as Agent in completing/submission of permit application:			
_____		_____	
Property Owner's Signature		Date	

Project Details and Site Data	
Description of Work	
Provide details on a separate plot plan along with the existing structures on the lot (include square footage of structures); show the distance the structures and proposed structure is from property line; provide framing and elevations if necessary. No construction or placement of buildings, fences, sheds, etc. or planting vegetation (other than lawn grass) in an easement or right-of-way (stormwater, sanitary sewer, etc.).	
Lot Size in Acres/sq. ft.:	

Certification			
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make applications as his authorized agent and I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction and agree to conform to all applicable laws of this jurisdiction. I further certify that this information is true and correct to the best of my knowledge.			
Applicant's Signature:		Date:	
Applicant's Address:		Tele #:	
Applicant's Email:			

Contractor Information			
Name of Contractor:		Tele #:	
Person in charge of work:		Tele #:	
Email address:		PA HIC Reg. #:	
Contractor address (house #, street, city, state, zip)			
Workers' Compensation Insurance Certificate:	<input type="radio"/> Attached <input type="radio"/> On File <input type="radio"/> Waiver		
Master Plumber's Information			
Name:		Plumbing License No.:	
Address:		Phone No.:	
Email Address:		Mobile:	
1) Subcontractor Name:		Tele #:	
1) Subcontractor Address (house #, street, city, state, zip)			
2) Subcontractor Name:		Tele #:	
2) Subcontractor Address (house #, street, city, state, zip)			
3) Subcontractor Name:		Tele #:	
3) Subcontractor Address (house #, street, city, state, zip)			

* Attach additional pages for additional subcontractors

Other Permits Required	
Floodplain Management Review	
Stormwater Management	<input type="radio"/> Facility <input type="radio"/> O & M Agreement <input type="radio"/> Fee in Lieu
Sewage Certificate	<input type="radio"/> Public <input type="radio"/> On-Lot System
Driveway Certificate	Type: <input type="radio"/> Township <input type="radio"/> State <input type="radio"/> Permit No. _____
Water	<input type="radio"/> Public <input type="radio"/> Well <input type="radio"/> Fee in Lieu
Soil Erosion Plan	Plan: _____ Soil Conservation Review: _____
Fire Department Review	Review Date: _____
Dumpster	Permit #: _____
Jiffy John	Permit #: _____

To be completed by Spring Garden Township	
Application	<input type="radio"/> Approved <input type="radio"/> Denied Decision Date: _____
Signature of Building Code Official / Zoning Officer	

Applicant or authorized agent is responsible for contacting the Township appointed building inspector for the required building construction inspections providing 24-hours minimum notice.