

Township of Springfield
 CODE ENFORCEMENT DEPARTMENT
 50 POWELL ROAD · SPRINGFIELD, PA. 19064

Class _____

Present Bldg. _____

New Bldg.-Alt.-Repairs _____

Validated _____

Permit Fee _____ Permit No. _____ Date Issued _____

THIS PORTION OF THE APPLICATION TO BE COMPLETED BY TOWNSHIP

APPLICATION FOR PLUMBING PERMIT

TO THE BOARD OF COMMISSIONERS OF SPRINGFIELD TOWNSHIP:

I (We) hereby apply for a permit to construct the following work (give exact location):

Street and number _____

| TYPE | NUMBER | FEE | | | |
|----------------------------|--------|-----|------------------------|------------------|--|
| STACKS | | | SUMP | | |
| SINKS | | | SHOWERS | | |
| BATHS | | | URINAL | | |
| WATER CLOSET | | | CATCH BASIN | | |
| LAVATORY | | | DISHWASHING MACHINE | | |
| TANK AND HEATER | | | HUMIDIFIER | | |
| LAUNDRY TRAY | | | GARBAGE GRINDER | | |
| WATER DISTRIBUTION SYSTEMS | | | WASHING MACHING | | |
| FLOOD DRAINS | | | SPECIAL WASTE | | |
| SEWER EJECTOR | | | RAINWATER LEADERS | | |
| FOUNTAIN (DRINKING) | | | MISCELLANEOUS FIXTURES | | |
| | | | | TOTAL FEE | |

Estimated Cost _____ Time of Commencing _____

Notwithstanding the issuance of this permit, all provisions of the Building and Zoning Codes will be complied with, whether specified herein or not.

Owner _____ Address _____ Phone _____

Architect _____ Address _____ Phone _____

Contractor _____ Address _____ Phone _____

Applicant _____ Address _____ Phone _____

Date _____

 Signature of Contractor or his Authorized
 Representative Making Application

TOWNSHIP OF SPRINGFIELD

CHIMNEY CERTIFICATION

This Certificate shall be completed and returned to Springfield Township, Code enforcement Department, when gas and oil appliances are connected to or replaced on existing chimneys. The Certification shall be completed by a person or persons having expertise in the field and shall be accompanied by proof of insurance in the amount of \$1,000.00 or more in the name of the person, persons or firm performing such certification.

SITE ADDRESS _____

CERTIFIED BY (name) _____

(address) _____

_____ (Phone #) _____

MANUFACTURER OF APPLIANCE'S _____

CATEGORY NO. _____ MODEL NO. _____ SERIAL NO. _____
BTU' _____

TYPE OF FUEL _____

FLUE SHAPE RECTANGLE OR SQUARE Y ROUND O

FLUE INTERIOR DIMENSIONS _____ HEIGHT OF CHIMNEY _____

FLUE LINER MATERIAL _____

| | | |
|---|-----|----|
| NEW FLUE LINER INSTALLED | YES | NO |
| WAS CHIMNEY LINER OFFSET | YES | NO |
| WERE ALTERATIONS OR REPAIRS PERFORMED ON THE CHIMNEY OTHER THAN RELINING? | YES | NO |

IF YES, EXPLAIN _____

WHAT INSPECTIONS, OBSERVATIONS OR OTHER TESTS WERE CONDUCTED FOR THIS CERTIFICATION?

The undersigned has inspected and made changes, as needed, to assure that the chimney at the above location is within good engineering and all applicable code standards for the installation of the referenced appliance, including minimum and maximum flue dimension when applicable.
