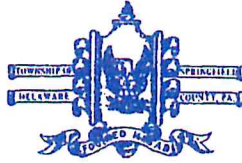


# Township of Springfield

DELAWARE COUNTY, PA



## DEPARTMENT OF LICENSES AND INSPECTIONS

50 POWELL ROAD, SPRINGFIELD, PA 19064-2446

(610) 544-1300 FAX (610) 544-5780

## PERMIT APPLICATION

Building \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_

Fire Prevention \_\_\_\_\_ Roof \_\_\_\_\_

**PLEASE NOTE: AN INCOMPLETE APPLICATION IS SUBJECT TO REJECTION**

Address of Work \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Owner's Address \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Contractor's Address \_\_\_\_\_ PA HIC# \_\_\_\_\_

Describe in detail work to be performed

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Master Plumber's License # \_\_\_\_\_ Issuing Authority \_\_\_\_\_

Is excavation required? Yes \_\_\_\_\_ No \_\_\_\_\_

Mechanical Equipment: Boiler \_\_\_\_\_ Furnace \_\_\_\_\_ Hot Water Heater \_\_\_\_\_ Other \_\_\_\_\_

Chimney Material: Terra Cotta \_\_\_\_\_ Stainless Steel \_\_\_\_\_ Aluminum \_\_\_\_\_

New Flue Liner Installed: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_ Date of Commencing \_\_\_\_\_

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

24 hour notice is required for all inspections. (610) 544 – 1300

Please provide copy of contract between building owner and contractor(s)