

BOROUGH OF MALVERN
P.O. Box 437
Malvern, PA 19355

PLUMBING PERMIT

DATE _____

LICENSE NUMBER _____ PERMIT NUMBER _____

LOCATION _____

OWNER _____

KIND OF BUILDING _____ USED AS _____

TO BE COMPLETED ABOUT _____ ESTIMATED COST \$ _____

OLD - NEW BUILDING NUMBER _____

TYPE	NUMBER	FEE	TREASURER'S VALIDATION OF FEE PAID
STACKS _____			
SINKS _____			
BATHS _____			
WATER CLOSET _____			
LAVATORY _____			
TANK AND HEATER _____			
LAUNDRY TRAY _____			
WATER DISTRIBUTION SYSTEMS _____			
FLOOR DRAINS _____			
SEWAGE EJECTOR _____			
FOUNTAIN (DRINKING) _____			
SUMP _____			
SHOWERS _____			
URINAL _____			
CATCH BASIN _____			
DISHWASHING MACHINE _____			
HUMIDIFIER _____			
GARBAGE GRINDER _____			
WASHING MACHINE _____			
SPECIAL WASTES _____			
RAINWATER LEADERS _____			
MISCELLANEOUS FIXTURES _____			
TOTAL FEE			

CONTRACTOR'S NAME AND ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____
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READY FOR INSPECTION ON _____ (date) OR WILL CONTACT PERMIT CLERK LATER _____

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT CITY ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature of Contractor or his Representative Making Application _____

Signature of Permit Clerk _____

APPLICANT'S COPY