

PLUMBING PERMIT INSTRUCTIONS

Please complete the following forms:

1. Plumbing Permit Application
2. Workers Compensations Insurance Coverage Information
 - a. Provide Certificate of Liability Insurance naming as Certificate Holder:

**KENNETT TOWNSHIP
801 BURROWS RUN ROAD
CHADDS FORD, PA 19317**

3. UCC Inspection Procedures Statement

A detailed description of the work being performed is required.

PA Contractor's Registration number is required.



| |
|----------------|
| Permit # _____ |
| Date: _____ |
| Fee: _____ |

PLUMBING PERMIT APPLICATION

801 BURROWS RUN RD, CHADDS FORD, PA 19317
PHONE: 610-388-1300 FAX: 610-388-0461

To alter, erect or use a structure, to use land in accordance with the Zoning Ordinance, Building Code, and all other pertinent ordinances of Kennett Township, Chester County, Pennsylvania.

Application for a permit to perform or install (give description of work being done):

Site Address: _____ Tax Parcel # 62 - _____

Lot # _____ Subdivision/Land Development: _____ Phase/Section: _____

Zoning District: _____ Proposed Start Date: _____ Cost of Plumbing Construction: \$ _____

Owner: _____ Phone: _____

Mailing Address: _____ Mobile/Cell Phone: _____

Email: _____ Fax Number: _____

Contractor: _____ Phone: _____

Mailing Address: _____ Mobile/Cell Phone: _____

Email: _____ Fax Number: _____

Architect/Engineer: _____ Phone: _____

Mailing Address: _____ Mobile/Cell Phone: _____

Email: _____ Fax Number: _____

Detailed plumbing plans are required, including pipe sizing, pitch, length of run, etc. Plans should include drain, waste, vent domestic water, and gas piping and type of material to be used.

Type of Work: New Building Alteration Addition Repair Upgrade Change in use

| TYPE | NUMBER | TYPE | NUMBER |
|---------------------------|--------|----------------------|--------|
| Stacks | | Fountains (drinking) | |
| Sinks | | Sump | |
| Baths | | Shower | |
| Water Closets | | Urinal | |
| Lavatory | | Dishwashing Machine | |
| Tank and Heater | | Humidifier | |
| Laundry Tray | | Garbage Grinder | |
| Water Distribution System | | Washing Machine | |
| Floor Drains | | Special Waste | |
| Sewage Ejector | | Rainwater Leaders | |
| Miscellaneous Fixtures | | Other | |
| Lawn Irrigation System | | TOTAL | |

FLOOR DRAINS MAY NOT BE CONNECTED TO THE PUBLIC SEWER SYSTEM.

A SAMPLE MANHOLE IS REQUIRED IN ALL COMMERCIAL AND INDUSTRIAL INSTALALTIONS.

I certify that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniformed Construction Code) and any additional applicable codes, ordinances and regulation of Kennett Township. I understand issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel, or set aside any provisions of the codes or ordinances of Kennett Township or any other governing body. I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Applicant's Name _____ Phone: _____

Signature of Owner _____ Print Name of Owner _____
or Authorized Agent: _____ or Authorized Agent: _____

Signature of Contractor: _____ Contractor Print Name: _____

Permit Denied: Date _____ Reason Denied: _____

Permit Approved: Date _____ Building Code Official _____

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION
(attach to building permit application)

A. The Applicant is

A contractor within the meaning of the Pennsylvania Workers' Compensation Law.

YES NO

If the answer is "yes", complete Sections B and C below as appropriate.

B. Insurance Information

Name of Applicant: _____

Federal or State Employer Identification No.: _____

Applicant is a qualified self-insurer for workers compensation.

Certificate attached

Name of Workers' Compensation Insurer: _____

Workers' Compensation Insurance Policy No.: _____

Certification attached

Policy Expiration Date: _____

C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated.

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.

Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this

_____ day of 20_____

(Signature of Notary Public)

My commission expires: _____

Signature of Applicant _____

Address _____

County of _____

Municipality of _____

(Seal)

UCC INSPECTION PROCEDURES STATEMENT

1. PLUMBING; MECHANICAL; ELECTRICAL: To be performed as follows:

- a. **Plumbing:** All underground, encased or otherwise concealed system, shall be inspected including: sanitary system, domestic water service or line, alteration additions to any existing sanitary system, service, drain or any other sanitary drain or line, any domestic water service or line. Pressure tests shall be as follows: sanitary at 5 p.s.i. for 15 minutes, water system at 100 p.s.i. for 15 minutes (well or public systems at twice the pump; static (public) pressure).

Any aboveground sanitary or water system, to be performed; all items listed in "a" above shall be inspected prior to any encasement. Sanitary systems shall be tested at 5 p.s.i. for 15 minutes, water systems at 100 p.s.i. (or twice the static pressure of a well or public water system) for 15 minutes.

- b. **Mechanical:** Any underground or aboveground rough mechanical systems of any type shall be inspected prior to encasement. Business, Commercial, Industrial or other non-residential mechanical systems shall have: balance reports, PA steam boiler license, system operator license, special inspection reports, or other as may be required for compliance with the applicable codes.
- c. **Electrical:** Any electrical work, including low voltage or specialty, applicant shall submit one set of "Third Party Reviewed and Approved" plans. At a minimum, there shall be a "Service", when applicable, "Rough" and "Final" inspection approval by a qualified third party inspection agency. Final inspection approvals shall be placed on the electrical panel(s), and a "cut card" indicating final approval shall be sent to the Township for their permanent record.

I fully understand that it is my responsibility or the responsibility of the person that I have listed below as my designee to call for inspections and that, if inspections are not made according to this procedure, I or my designee may be in violation of the UCC and may be subject to prosecution. I/we also understand that no one may occupy the structure (or portion thereof) until a UCC Certificate of Compliance is obtained.

| | |
|----------------------------------------|--------------------|
| Name of permit applicant: _____ | |
| Permit # _____ | |
| Building Street Address: _____ | |
| Signature: _____ | Date: _____ |