

PLUMBING SUBCODE TECHNICAL SECTION



R/N R/O C/N

C/O A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. Work Site Location Address D. TECHNICAL SITE DATA (List of All Fixtures) FEE (OFFICE USE ONLY) Telephone ______ | I FIXTURE/EQUIPMENT No. Contractor Water Closet Address _____ Urinal/Bidet Bath Tub Telephone ______ Fax _____ Lavatory Shower License Number Federal Emp. No. ______ PA. HIC # _____ Floor Drain Sink **B. PLUMBING CHARACTERISTICS** Dishwasher Present _____ Proposed _____ Use Group **Drinking Fountain** Building Sewer Size _____ Public Sewer ____ Private Septic _____ I Washing Machine Water Service Size _____ Public Sewer ____ Private Septic ____ | 1 Hose Bibb Est. Cost of Plumbing Work \$ _____ Water Heater Fuel Oil Piping Hot Water Boiler Sewer Pump JOB SUMMARY (OFFICE USE ONLY) INSPECTIONS DATES (MONTH/DAY) Interceptor/Separator PLAN REVIEW FAILURE FAILURE APPROVAL INITIAL TYPE: **Backflow Preventer** No Plans Required Slab Greasetrap Joint Plan Review Required: Rough Building Plumbing Sewer Connection Water Fire Elevator Water Service Connection Sewer Plumb Plans Appr. Fixtures Stacks Gas Equipment Other _____ Date: Gas Piping Approved By: Other _____ Solar Other _____ TCO -SUBCODE APPROVAL □CO □CCO □CA DATE: APPROVED BY: ADMINISTRATIVE CHARGE **UCC INSPECTION** I HEREBY CERTIFY I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION PA L&I **TOTAL** SIGNATURE