

CRITERIUM[®] PETERS ENGINEERS

If you have questions while filling out this permit application, please contact our office: 570-752-8044 or toll-free: (877) 752-4123.

PLUMBING PERMIT

Municipality _____ County _____ Lot# _____ Block _____ Tax Parcel _____

Construction Site Location _____ Date Received _____

Owner _____	
Address _____	
City _____	State _____ Zip _____
Phone _____	Email: _____

Tenant _____	
Address _____	
City _____	State _____ Zip _____
Phone _____	

Zoning Permit Issued Yes _____ No _____

Zoning Permit Issue Date _____

Please Include a Copy of Zoning Permit

Inspection Requests Require 48-Hour Notice-No Exceptions. Please Call 570-752-4433 to Schedule

Describe proposed work in detail: _____

State Classification: New Commercial Other Commercial New Residential Other Residential

Contractor _____ <i>(if owner, put same name above)</i>
Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
Fed. Employee No. _____ <i>(Certificate of Insurance for Workers Compensation needed or sign exemption form)</i>
Estimate of total cost for all work _____

Technical Site Data No.	Fixture/ Equipment	Technical Site Data No.	Fixture/ Equipment
	Water Closet		Urinal/Bidet
	Lavatory		Shower
	Floor Drain		Sink
	Dishwasher		Drinking Fountain
	Washing Machine		Hose Bibb
	Water Heater		Fuel Oil Piping
	Steam Boiler		Hot Water Boiler
	Water Service Connection		Interceptor/ Separator
	Backflow preventer		Grease trap
	Sewer Connection		Sewer Pump
	Stacks		Solar
Others: _____			

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____
 Owner Contractor Owner Representative

BUILDING CODE OFFICIAL USE ONLY	
Plans Approved _____	Plans Approved with Comments _____
UCC Building Fee _____	Plan Review Fee _____
Admin. Fee _____	State Fee _____
Certification # _____	Total Cost _____
Code Official _____	Date Issued _____