

Borough of Red Hill
56 West Fourth Street Red Hill, PA 18076

APPLICATION FOR PLUMBING PERMIT

Date of Application: _____

Permit Fee: _____

Applicants's Name: _____

Address: _____

Telephone Number: _____

Name of Plumber: _____

Address: _____

Telephone Number: _____

Subdivision Name and Lot Number: _____

(If Applicable): _____

Tax Map Parcel #: _____

Check Appropriate Plumbing Permit:

_____ **Mobile Home or Manufactured Dwelling**
_____ **Single-Family Dwelling**
_____ **Two-Family Dwelling**
_____ **Multi-Family Apartment Building Including Condominiums**
_____ **Addition or Alteration**
_____ **Sewer Lateral**
_____ **Water Lateral**
_____ **Non-residential Application: Specify:** _____

Answer the Following

_____ **Under Slab Piping (yes or No)**

_____ **Total Number of Bathrooms**

Statement of Materials Used:

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge.

Signature of Applicant *Date*