

Permit No.: \_\_\_\_\_

**CAERNARVON TOWNSHIP  
UCC PLUMBING/FIRE SPRINKLERSYSTEM  
PERMIT APPLICATION**

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Site Address: \_\_\_\_\_

Subdivision Name and Lot No. (if applicable): \_\_\_\_\_

Estimated Cost of Construction: \_\_\_\_\_

- Check appropriate box:     Mobile Home or Manufactured Dwelling     Single Family Dwelling  
 Two Family Dwelling     Apartment Building or Condominium     Addition or Alteration  
 Sewer Lateral     Water Lateral     Non-Residential Application: Specify: \_\_\_\_\_

**Scope of Work Description:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Note: All applications must be accompanied by a floor plan drawing of the project.**

**All commercial applications must be accompanied by completed plumbing drawings signed and sealed by a licensed architect or professional engineer.**

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

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

- Inspections Required:  Underground     Rough Plumbing     Sprinkler Hydrostatic Test  
 Final Plumbing     Final Sprinkler

Permit approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature