



## PLUMBING PERMIT

Date: \_\_\_\_\_ Base Engineering #: H- \_\_\_\_\_ Permit #: \_\_\_\_\_

License # : \_\_\_\_\_

Location : \_\_\_\_\_ Use of Building: \_\_\_\_\_

Owner: \_\_\_\_\_ Name of Tenant: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Email : \_\_\_\_\_ Telephone : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Estimated Time of Completion : \_\_\_\_\_ Estimated Cost : \$ \_\_\_\_\_

**Please note items that will be needed for submission: 3 Sets of Signed Sealed Plans, Copy of Current Master License, Workers Compensation Insurance Form & Certificate of Insurance naming Hanover Township a Certificate Holder.**

Type	Number	Treasurer's Validation of Fee Paid
Stacks		Permit \$
Sinks		
Baths		
Water Closet		
Lavatory		
Tank & Heater		
Laundry Tray		
Floor Drains		
Sewage Ejector		
Drinking Fountain		
Showers		
Urinal		
Catch Basin		
Dishwashing Machine		
Garbage Grinder		
Washing Machine		
Special Wastes		
Rainwater Leaders		
Other		Inspection \$
<b>TOTAL FEE</b>		

Applicant certifies that all information given is correct and that all pertinent ordinances will be complied with in performing the work for which this permit is issued.

Print Legible \_\_\_\_\_ Signature \_\_\_\_\_

**Hanover Township, Lehigh County, PA**

Signature of Official \_\_\_\_\_ 2202 Grove Road Allentown, PA 18109

Revised 11/2019 610-264-1069 610-266-9292 Fax: 610-264-2773



**WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION**

Date: \_\_\_\_\_

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

Address : \_\_\_\_\_ City : \_\_\_\_\_ Zip : \_\_\_\_\_

County of : \_\_\_\_\_ Municipality of : \_\_\_\_\_

**THE APPLICANT IS:**

The property owner or lease YES  NO

A contractor within the meaning of the Pennsylvania Workers' Compensation Law YES  NO

If Yes, complete this page, If No, complete form below

Federal or State Employer Identification # : \_\_\_\_\_

Applicant is qualified self-insurer for workers' compensation YES - Certificate attached  NO

Name of Worker's Compensation Insurer : \_\_\_\_\_

Workers' Compensation Insurance Policy # : \_\_\_\_\_

Certificate attached :  Policy Expiration Date : \_\_\_\_\_

*(Please print legibly)* Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**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.**

*(If claiming an exemption, fill out form below and have it notarized.)*

**EXEMPTION- (Notary)**

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

Contractor with no employees  Religious exemption under the Workers' Compensation Law

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ date of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

My Commission expires : \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**(SEAL)**

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

City: \_\_\_\_\_ State: \_\_\_\_\_

County of \_\_\_\_\_

Municipality of \_\_\_\_\_

**Hanover Township, Lehigh County, PA**

2202 Grove Road Allentown, PA 18109

610-264-1069 610-266-9292 Fax: 610-264-2773