

**WEST PIKELAND TOWNSHIP**  
**P. O. BOX 6**  
**1645 ART SCHOOL ROAD**  
**CHESTER SPRINGS, PA. 19425**  
Phone (610)827-7660 Fax (610)827-9141

**PLUMBING PERMIT**

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

DEVELOPMENT \_\_\_\_\_

LOT # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PLUMBER NAME \_\_\_\_\_

REGISTRATION # \_\_\_\_\_

# OF TRAPS \_\_\_\_\_ BASEMENT \_\_\_\_\_ 1<sup>ST</sup> FLOOR \_\_\_\_\_ 2<sup>ND</sup> FLOOR

OTHER \_\_\_\_\_

AMT OF FEE  
@ \$ \_\_\_\_\_

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AMT OF FEE  
@ \$ \_\_\_\_\_

APPROVED DATE \_\_\_\_\_

SIGNED \_\_\_\_\_  
BUILDING/ZONING OFFICER