

**HONEY BROOK TOWNSHIP**  
**UNIFORM CONSTRUCTION CODE (UCC) PLUMBING & MECHANICAL**  
**PERMIT APPLICATION**

App. fee \$25 \_\_\_\_\_

**LOCATION OF PROPOSED WORK OR IMPROVEMENT**

Permit # \_\_\_\_\_

County: Chester Municipality: Honey Brook Township Zoning District \_\_\_\_\_Site Address: \_\_\_\_\_ Tax Parcel #: 22- \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot # \_\_\_\_\_ Lot Size: \_\_\_\_\_ Tot. Land Disturbance (sq. ft.): \_\_\_\_\_

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell # \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell # \_\_\_\_\_

**CHECK APPROPRIATE BOX(ES):** *(Check All That Apply)* Mobile or Manufactured Home  Single Family Dwelling  Two-Family Dwelling Apartment Building or Condominium  Addition or Alteration Sewer Lateral  Water Lateral  Non-Residential Application (specify): \_\_\_\_\_**SCOPE OF WORK:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ESTIMATED COST OF PROJECT** (reasonable fair market value) \$ \_\_\_\_\_**Please note: All applications must be accompanied by applicable drawings of the project.****All commercial applications must be accompanied by completed plumbing and/or mechanical 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.

\_\_\_\_\_  
Signature of Owner or Authorized Agent Date\_\_\_\_\_  
Print Name of Owner or Authorized Agent**Final inspection is required. Call Technicon at 610-286-1622 x100 to schedule (minimum 24-hours notice).**

FOR OFFICE USE ONLY		Paid by: Cash _____
Issuance Date: _____	Date Expires: _____	Permit Fee: _____ Check # _____
Inspected & Approved by: _____ Signature		UCC Fee: <u>\$4.00</u> Paid by: Cash _____ Check # _____