

PLUMBING PERMIT APPLICATION
Greenwich Township

Date: _____

Permit Fee: _____

Check No.: _____

Date Paid: _____

Applicant (Owner): _____

Phone: _____

Address: _____

Cell: _____

Contractor / Builder: _____

Phone: _____

Address: _____

Cell: _____

Site Address: _____

Sub Division Name and Lot No. (If applicable): _____

Estimated cost of Plumbing Construction (Reasonable fair market value): _____

- 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** _____

Statement of materials to be used: _____

I HEREBY CERTIFY THAT THE INFORMATION HEREON AND HEREWITH IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date: _____

Applicant's Signature: _____

* * * * * * * * * * * * * *

Permit No: _____

Date Issued: _____

Approved by: _____

Date: _____

Final Approval: _____

Date: _____