

Borough of Bridgeport
63 West Fourth Street, Bridgeport, PA 19405
Phone 610-272-1811 Fax 610-292-8236

Plumbing Permit Application

Location

Address _____

Property Owner

Name _____ Address _____

No P.O. Box

Phone # _____ City, State, Zip _____

Contractor

Name _____ Address _____

No P.O. Box

Phone # _____ City, State, Zip _____

Applicant

Name _____ Relationship to Owner _____

Address _____ Phone # _____

City, State, Zip _____

Proposed Work

Applicant must provide additional documentation including, but not limited to two sets of:
A plot plan, sketches, sealed architectural plans, specifications, truss drawings, etc. as required. Signed contract between homeowner and contractor must be provided.

Indicate Proposes work _____

Estimated Cost _____ Fee _____

Applicant Signature _____ Date: _____

Highlighted areas required.

Building Inspector _____ Date: _____

Fees

FEE MUST BE PAID BY CHECK OR CASH (CASH MUST BE THE EXACT AMOUNT)

Commercial: (See Commercial fee schedule) Total \$ _____ Fee \$ _____

Residential: (See Residential fee schedule) Total \$ _____ Fee \$ _____

New Construction: Per Unit# _____ \$300.00 Total \$ _____

Water Heater Flat Fee of \$50.00

Incomplete applications will be returned.