



WEST BRADFORD TOWNSHIP
1385 CAMPUS DRIVE
DOWNINGTOWN, PA 19335
 Phone (610) 269-4174
 Fax (610) 269-3016

Permit#
2005.1

APPLICATION FOR PLUMBING

(TWO SETS OF PLANS MUST BE SUBMITTED WITH THIS APPLICATION)
 ROUGH & FINAL INSPECTIONS ARE REQUIRED

PROPERTY INFORMATION:

Name: _____ Phone: _____
 Address: _____ Cell Phone: _____

CONTRACTOR INFORMATION:

Name: _____ Phone: _____
 Business Name: _____ Phone: _____
 Address: _____ Phone: _____
 _____ FAX #: _____
 Architect's Name: _____ Phone: _____
 Address: _____ FAX #: _____

PLEASE LIST # OF FIXTURES – ALL WORK MUST COMPLY WITH THE INTERNATIONAL PLUMBING CODE

Floor Level	Yard	Basmt.	1	2	3	4	5
Water Closets							
Bath Tubs							
Showers							
Lavatories							
Kitchen Sinks							
Wash Tubs							
Hose Bibs							
Urinals							
Laundry							
Ejector Pump							
Water Heater							

PUBLIC SEWER:

PRIVATE SEPTIC:

Describe work to be completed: _____

ESTIMATED COST:

CERTIFICATION:

I hereby certify that I am the owner of record of the named property; or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this applications their authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions for the code(s) applicable to such permit.

Signature of Applicant _____ Address _____ Contact # _____

Print Name _____

DEPARTMENT APPROVALS	Fee
Plan Examiner _____	
Date _____	
Building Official _____	
Date _____	

**TOWNSHIP OF WEST BRADFORD
ADDENDUM TO BUILDING PERMIT**

Building Permit # _____

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Applicant's Federal or State Employer Identification Number (EIN) _____

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

- Certificate of Insurance (please attach)
- Certificate of Self-Insurance (please attach)
- Affidavit of Exemption

II. If a Certificate of Insurance or Self Insurance has been submitted, please complete the following:

Name of Insurer or Self Insurer _____

Address _____

City _____ State _____ Zip Code _____

Contractor/Policy Holder's Federal or State Employer Identification Number (EIN)

1. This policy provides coverage for the requirements of the Worker's Compensation Act, the Occupational Disease Act, and where applicable, the Federal Longshore and Harbor Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate Holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policy holder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policy holder to a Stop-Work Order and other fines and penalties as provided by law.

III. If an exemption is being claimed and you are the property owner, please check the block below and sign the back of this form where it asks for signature.

- Applicant is the individual who owns the property.

IV. If an exemption is being claimed, please complete the following and sign in the presence of a notary public.

Basis for exemption (check one);

Contractor/Applicant is a sole proprietorship without employees.

Contractor/applicant is a corporation and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain:

All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain:

Other. Please explain:

Any subcontractors used on this project will be required to carry their own workers compensation coverage.

The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.

Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a Stop Work Order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification that the statements contained here are true, and that I am subject to the penalty of the 18 PA C.S.A. ss 4904 relating to unsworn falsifications to authorities.

Signature

Title

Name (please print)

Name of Company

Date

STATE OF PENNSYLVANIA
COUNTY OF CHESTER

Subscribed before me this _____ day of _____ 20____.

Notary Public

Date Commission Expires

SEAL



TOWNSHIP OF WEST BRADFORD

1385 CAMPUS DRIVE

DOWNINGTOWN, PA 19335

Phone 610-269-4174 Fax 610-269-3016

WEST BRADFORD TOWNSHIP LIABILITY STATEMENT

TO BE COMPLETED BY OWNER OR AN AUTHORIZED AGENT

Owner or authorized agent of property at:

Permit # _____

Property Address

Phone Number

The issuance of this permit is conditioned upon compliance with all facets of the approved permit application and/or the subdivision plan from which this lot was created, to include, but not be limited to, soil erosion controls, stormwater management, grading plan, monument placing and all other details of the subdivision approval.

If, upon inspection, work is being done other than as approved, a Stop Work Order will be issued with the condition that corrections be made before any work is resumed.

If it is necessary to make a change, the proposed change shall be detailed by the applicant and submitted in writing. A written approval must be received prior to proceeding, as requested. Failure to procure written change approval will result in an obligation to construct as originally approved.

When inspection for a Use and Occupancy Permit is made and it is noted that the provisions of the permit issuance and/or subdivision approval have not been accomplished, a Use and Occupancy Permit will NOT be issued.

Print Name

Print Name

Sign Name

Sign Name

Date

Date

THIS PAGE MUST BE COMPLETED & RETURNED WITH YOUR APPLICATION

COMMERCIAL PLUMBING PLAN REVIEW REQUIREMENTS

In order to perform a thorough Plumbing Plan Review, the following specifications, drawings and details should be submitted (in duplicate drawn to a scale of 1/4" = 1 ft.)

1. Complete plans and specifications of all plumbing work.
2. Plumbing fixture and piping material specifications including identification of the applicable referenced standard.
3. Plumbing fixture information to include:
 - a. Number and distribution based on the use group.
 - b. Separate facilities for each sex.
 - c. Handicapped plumbing facilities and details.
 - d. Mixed water temperature controls for showers.
 - e.
4. Plumbing piping plan showing layout, pitch of drainage lines, cleanouts, size of traps, and riser diagram.
5. Water supply and distribution plan showing piping sizes, valves, water heater details and temperature-pressure relief valve with discharge pipe.
6. Sanitary drainage and vent system riser diagram showing drainage fixture units (d.f.u.), sizes and vent termination details through the roof.
7. Potable water system riser diagram showing piping sizes and provisions for protection of potable water supply.
8. Piping support and installation schedule.
9. Storm drainage details including rain gutter or roof drain sizes and downspout/leader sizes.
10. Health care plumbing and fixture details.
11. Complete and return the enclosed Mechanical Plan Review Worksheet.

SEWER LATERAL INSTALLATION REQUIREMENTS

1. Approved materials and pipe fittings. Refer to charts.
2. Inspections and testing. 10-foot head of water, no leakage for 15 minutes.
3. Minimum depth of 36”.
4. Provide sleeve or relieving arch at foundation 2 pipe sizes larger than the sewer. Annual space to be sealed with approved materials.
5. Piping shall be laid on a bed of screenings minimum 6” depth.
6. Upon approval of sewer, the pipe shall be covered with 6”-12” of screenings, compacted. Additional fill lifts of soil shall be placed at 6” lifts, mechanically compacted.
7. A house trap is required minimum 10 feet from building.
8. When laid in same trench as water service, the trench shall be shelved when the water service is a minimum of 12” above the top of the sewer and pipe conforms to section
9. Provide cleanouts at foundation and at maximum 100’ intervals.
10. Refer to P.S.W. Co. and Utilities Inc. of PA for additional requirements.

BACKFILL / TEST INSPECTIONS – 3 working days notice

Township Inspection

1. Inspections will take place between 8:00 a.m. and 4:00 p.m.
2. The trench walls must be appropriately sloped or shored.
3. The township will inspect the pipe installation and witness the leak test.
4. The township will inspect the placement and compaction of the screenings.
5. There will be a \$50 inspection fee.
6. Tests shall be in place 15 minutes prior to inspection. Inspection time limited to 15 minutes.

Independent Third Party Inspection

1. Following the township inspection, a township-approved, independent third party shall inspect the remaining backfill placement and compaction.
2. The independent third party inspection reports shall be submitted to the township.

BUILDING SEWER PIPE

SLOPE OF HORIZONTAL DRAINAGE PIPE

MATERIAL	STANDARD
Acrylonitrile butadiene styrene (ABS) plastic pipe	ASTM D 2661; ASTM D 2751; ASTM F 628
Asbestos-cement pipe	ASTM C 428
Cast-iron pipe	ASTM A 74; ASTM A 888; CISPI 301
Concrete pipe	ASTM C 14; ASTM C 76; CSA A257.1; CSA CAN/CSA A257.2
Copper or copper-alloy tubing (Type K or L)	ASTM B 75; ASTM B 88; ASTM B 251
Polyvinyl chloride (PVC) plastic pipe (Type DWV, SDR26, SDR35, SDR41, PS50, or PS100)	ASTM D 2665; ASTM D 2949; ASTM D 3034; ASTM F 891; SCA B182.2; CSA CAN/SCA-B182.4
Vitrified clay pipe	ASTM C 4; ASTM C 700

SIZE (inches)	MINIMUM SLOPE (inch per foot)
2 ½ or less	1/4
3 to 6	1/8
8 or larger	1/16

For SI: 1 inch = 25.4 mm, 1 inch per foot = 0.0833 mm/m

WATER SERVICE REQUIREMENTS

1. Approved materials and pipe fittings. Refer to charts below.
2. Minimum size permitted ¾”.
3. Minimum depth below grade is 42” below grade.
4. A pressure reducing valve is required if the pressure inside the building exceeds 80 p.s.i.
5. The water service shall be in a separate trench at least 5 feet from the building sewer unless the water service is installed on a shelf 12” higher than the building sewer.
6. The water service shall be protected by a sleeve where the service penetrates a building foundation or is in or under a footing. The sleeve shall be 2 pipe diameters larger than the water service. The annular space around the sleeve shall be filled with oakum and sealed with an approved sealant.
7. Where trenches are excavated forming the bedding for the pipe the bottom of the trench shall be firm and level and free of rocks. Where rock is encountered a suitable bedding material is required for bedding and minimum 6” cover of the pipe. All backfilling shall be tamped in 6” lifts, free of rocks, rubble and frozen materials.
8. The water service shall be sized for the peak demand of the building.
9. Trenches that are over excavated shall be backfilled to proper depth with sand or gravel compacted in 6” lifts.
10. A backflow preventor is required if there is another water source connected to the water distribution piping within the building.
11. For permit application complete applicable portions of plumbing permit and submit two copies of job description and specifications. If contractor is applying for permit submit Workers Compensation Insurance certificate of notarized addendum if claiming an exemption.
12. Backfill inspection required prior to backfilling pipe. Test shall be in place 30 minutes prior to inspection. Inspection time is limited to 30 minutes, thereafter-approved 3rd party inspection required.
13. Final inspection required upon completion.

PIPE FITTINGS		WATER SERVICE PIPE	
MATERIAL	STANDARD	MATERIAL	STANDARD
Acrylonitrile butadiene styrene (ABS) plastic	ASTM D 2468	Acrylonitrile butadiene styrene (ABS) plastic pipe	ASTM D 1527; ASTM D 2282
Cast iron	ASME B16.4; ASME B16.12	Asbestos-cement pipe	ASTM C 296
Chlorinated polyvinyl chloride (CPVC) plastic	ASTM F437; ASTM F 438; ASTM F 439	Brass pipe	ASTM B 43
Copper or copper alloy	ASME B16.15; ASME B16.18; ASME B 16.22; ASME B16.23; ASME B16.26; ASME B16.29; ASME B16.32	Copper or copper-alloy pipe	ASTM B 42; ASTM B 302
Gray iron and ductile iron	AWWA C110; AWWA C153	Copper or copper-alloy tubing (Type K, WK, L, WL, M or WM)	ASTM B 75; ASTM B 88; ASTM B 251; ASTM B 447
Malleable iron	ASME B16.3	Chlorinated polyvinyl chloride (CPVC) plastic pipe	ASTM D 2846; ASTM F 441; ASTM F 442; CAS B 137.6
Polyethylene (PE) plastic	ASTM D 2609	Ductile iron water pipe	AWWA C151; AWWA C115
Polyvinyl chloride (PVC) plastic	ASTM D2464; ASTM D2466; ASTM D 2467; CSA CAN/CSA-B137.2	Galvanized steel pipe	ASTM A 53
Steel	ASME B 16.9; ASME B16.11; ASME B16.28	Polybutylene (PB) plastic pipe and tubing	ASTM D 2662; ASTM D 2666; ASTM D 3309; CSA B137.8
		Polyethylene (PE) plastic pipe	ASTM D 2239; CSA CAN/CSA-B137.1
		Polyethylene (PE) plastic tubing	ASTM D 2737; CSA B137.1
		Cross-linked polyethylene (PEX) plastic tubing	ASTM F 876; ASTM F 877; CSA CAN/CSA-B137.5
		Cross-linked polyethylene/aluminum/cross-linked polyethylene (PEX-AL-PEX) pipe	ASTM F 1281; CSA CAN/CSA B137.10
		Polyethylene/aluminum/polyethylene (PE-AL-PE) pipe	ASTM F 1282; CSA CAN/CSA-B137.9
		Polyvinyl chloride (PVC) plastic pipe	ASTM D 1785; ASTM D 2241; ASTM D 2672; CSA CAN/CSA-B1373