



BOROUGH OF MACUNGIE

21 Locust Street
Macungie, PA 18062
610-966-2503

Application for Plumbing Permit

To Install Plumbing Fixtures as listed here

Date Received _____

Application No. _____

Fee Paid _____

Property Address _____

Owner _____

Owner Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell _____ Fax _____

Email _____

Plumber _____

Plumber Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell _____ Fax _____

Email _____

	Number		Number
Water Closets		Laundry Trays	
Wash Basin		Floor Drain	
Bath Tub		Urinals	
Shower		Dishwasher	
Sink		Garbage Disposal	
Automatic Washer			
Water Softener			

Signature of Owner or Authorized Agent _____

Date _____