Upper Salford Township
P.O. Box 100
Salfordville, PA 18958-0100
610-287-6160

Date Stamp

Permit #_____

MEP PERMIT APPLICATION

Date of Application: _____

Name of Applicant: _____ Phone: _____

Address: _____ Cell: _____

Name of Property Owner: _____ Phone: _____

Address: _____ Cell: _____

Site Address: _____

Subdivision Name and Lot No. (if applicable): _____

Estimated Cost of Construction: _____

Check appropriate box: ☐ Single Family Dwelling ☐ Addition or Alteration

☐ Non-Residential Application: Specify: _____

Scope of Work Description: _____

_____

_____

Please Note: **All applications must be accompanied by a floor plan drawing of the project.**

All commercial applications must be accompanied by completed plumbing 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.

Applicant's Signature _____ Date: _____

Inspections Required:
☐ Rough Mechanical ☐ Final Mechanical ☐ Rough Plumbing ☐ Underslab Plumbing
☐ Final Plumbing ☐ Electric Service ☐ Electric Rough ☐ Electric Final
☐ Sprinkler Hydrostatic Test ☐ Final Sprinkler

Application approved by: _____ Date: _____
Signature

Plan Review _____ Permit _____ Total Fee _____