

BOROUGH OF MORTON

500 Highland Avenue

Morton PA 19070

Ph -610-543-4565 fax- 610-543-8392

Email: mortonboro1@yahoo.com

APPLICATION FOR PERMIT

_____ PLUMBING _____ HEATING _____ AIR CONDITIONING

Date _____

Location of Building _____

Owner of Building _____

Type of Building _____ Old _____ New _____ Addition

Use of Building _____ Residential _____ Commercial _____ Rental

Describe Work to Be Done _____

Cost of job - _____

Number of Fixtures installed/replaced _____

Connection to Borough Sewer? _____ Yes _____ No

Street Opening Required? _____ Yes _____ No

Contractor _____

Address _____

Phone _____

Contractor's Insurance Company _____

Amount of Coverage _____ (Certificate of Insurance must be received before start of work.)

For Office use only.

Date received: _____

Contractor License #: _____

Fee: \$ _____

Inspector's Signature: _____