

# WELL PERMIT APPLICATION

County: _____	Municipality: _____
Site Address: _____ _____	
Owner/Applicant Name: _____	Phone #: _____
_____	
Mailing Address: _____	
E-Mail: _____	
<input type="checkbox"/> CALL ME WHEN PERMIT IS READY	
Principal Contractor: _____	Phone #: _____
Mailing Address: _____	
E-Mail: _____ PA Contractor Registration # _____	
<input type="checkbox"/> CALL ME WHEN PERMIT IS READY	
Location of Well: _____	

**Water must be tested to prove potability. Additional testing requirements may be required per Well Ordinance. Check with your Township for requirements.**

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge, and furthermore the property owner has authorized the work.

**I certify the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_