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DEPARTMENT OF CODES & INSPECTIONS

**PLUMBER APPLICATION FOR PERMIT TO CONDUCT ONE-TIME JOB IN
CITY OF ALTOONA**

COMPANY NAME _____
COMPANY ADDRESS _____
COMPANY PHONE _____ **COMPANY FAX** _____

OWNER NAME _____
OWNER ADDRESS _____
OWNER PHONE _____

INSURANCE COMPANY NAME _____
INSURANCE AGENT NAME _____ **PHONE NUMBER** _____
LIABILITY POLICY NO. _____ **EXP. DATE** _____
WORKER'S COMP POLICY NO. _____ **EXP. DATE** _____

TOTAL NUMBER OF PLUMBERS EMPLOYED IN COMPANY _____
NUMBER OF MASTER PLUMBERS _____
NUMBER OF JOURNEYMAN PLUMBERS _____
NUMBER OF APPRENTICE PLUMBERS _____

**PLEASE GIVE JOB NAME, JOB ADDRESS AND A BRIEF DESCRIPTION OF WORK TO
BE CONDUCTED:**

***SUBMIT COPIES OF ALL PLUMBING LICENSES, CERTIFICATES, AND
INSURANCE INFORMATION***

Signature

Date

(USE BACK OF SHEET IF NECESSARY)