

APPLICATION FOR PLUMBING REAL ESTATE INSPECTION

**THE CITY OF ERIE
626 STATE STREET
ROOM 407
ERIE PA 16501-1128**

BUREAU OF CODE ENFORCEMENT

PLUMBING PERMIT #: _____ DATE: _____

INSPECTION LOCATION: _____

NAME OF APPLICANT: _____

OWNER: _____ TENANT: _____ OTHER: _____ (please specify) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____

INDEX #: _____

1-FAMILY DWELLING _____ MULTI-FAMILY DWELLING _____

OTHER (please specify) _____

INSPECTION REPORT TO BE SENT TO: _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

FEE: \$ _____ RECEIPT NUMBER: _____

CASH: _____ CHECK: _____ MONEY ORDER: _____ CHECK/MONEY ORDER #: _____

