

Hanover Township – Northampton County
3630 Jacksonville Road
Bethlehem, Pennsylvania 18017
610.866.1140
Fax 610-758-9116



MASTER PLUMBERS LICENSE APPLICATION

Business Name /Owner - Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel. No.: (____) _____ Fax: (____) _____

Master Plumber Name: _____

Address (if different than above): _____

City: _____ State: _____ Zip: _____

Contact Phone Tel. No.: (____) _____ Mobile: (____) _____

Applicant shall provide a copy of Master Plumbers License and valid Certificate of Insurance or Affidavit.

I hereby do acknowledge and agree to abide by all ordinances and laws applicable to the construction of the work described above.

Plumber's Signature: _____ Date: _____

Annual License Fee Enclosed. \$ _____