



CITY OF YONKERS
 DEPARTMENT OF HOUSING AND BUILDINGS
 87 Nepperhan Avenue Fifth Floor
 Yonkers, New York 10701
 DIVISION OF PLUMBING
 (914) 377-6566

APPLICATION FOR PROPOSED PLUMBING GAS WORK

DO NOT WRITE IN THIS SPACE

PERMIT # _____	RECEIVED BY _____
APPLICATION # _____	PLAN REVIEW _____
DATE FILED _____	PLAN SUBMITTED _____
	RECEIPT # _____
	DATE APPROVED _____

PROPERTY INFO: COMMERCIAL RESIDENTIAL MIXED USE **NEW** (Requires Plumbing & Site Plans showing utilities)

Property Location: House No. _____ St. Name _____ Block _____ Lot _____

Property Owner/Lessee: First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

Phone: Work (____) _____ Home (____) _____ Cell (____) _____

Description of Work; Check all that apply. List ALL Gas Fixtures and additional info on reverse side

NO CSST or Mega Press gas piping allowed. Gas piping to be black steel with malleable fittings, other code approved joints, or welded. All pressure testing to be performed with 5lb diaphragm or water U gauge.

Gas Test Fee applied per Meter, Lockable valve, Riser or Separate outdoor/underground section.

This application Must be accompanied by current Welders Certification when Welding is performed.

- | | | | | | |
|---|---------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> GAS TEST (for Blue Card) | <input type="checkbox"/> Locked Valve | <input type="checkbox"/> Riser | <input type="checkbox"/> Groundwork | <input type="checkbox"/> Meter | # _____ |
| <input type="checkbox"/> GAS PIPING <input type="checkbox"/> Welded | <input type="checkbox"/> New Rough | <input type="checkbox"/> Replace | <input type="checkbox"/> Repair | <input type="checkbox"/> Header | <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor |
| <input type="checkbox"/> GAS GROUNDWORK | <input type="checkbox"/> New | <input type="checkbox"/> Replace | <input type="checkbox"/> Repair | Size _____ | Mat _____ |
| <input type="checkbox"/> GAS SERVICE | <input type="checkbox"/> New | <input type="checkbox"/> Replace | <input type="checkbox"/> Commercial | Size _____ | Loc _____ |
| <input type="checkbox"/> GAS CONVERSION | <input type="checkbox"/> New | <input type="checkbox"/> Burner Only | <input type="checkbox"/> Dual Fuel | Tank Permit | <input type="checkbox"/> Chimney Receipt |
| <input type="checkbox"/> PROPANE (Needs FD Permit) | <input type="checkbox"/> New | <input type="checkbox"/> Replace | <input type="checkbox"/> Groundwork | <input type="checkbox"/> Temporary | <input type="checkbox"/> Plans YFD approved |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> New | <input type="checkbox"/> Replace | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

_____ states that he is a master plumber, duly registered in the County of _____

Print Name

Westchester. (License No. _____ 2 _____). Company Name _____

with a shop at _____ Cell# _____

St. Address, City, State, Zip

That he is duly authorized by the owner as given above to do the plumbing work as set forth in the application, detailed statement of specifications and accompanying plans – including all amendments to the same which may be filed hereafter and a permit for which is hereby issued to him, and he stipulates that he will comply with all the rules and regulations of the Division of Plumbing for the City of Yonkers and with every other provision of law relating to the subject of plumbing, drainage and gas work in the City of Yonkers, and State of New York in effect at this date.

Falsification of any statement is an offense and individual making the statement shall be deemed guilty of perjury and, upon conviction, shall be punished as provided by law.

Sworn to before me this _____ Day of _____ 2 _____

Commissioner of Deeds, Notary Public

Plumber's Signature

PERMIT FEES

DO NOT WRITE IN THIS SPACE

PLAN REVIEW _____ FILING FEE _____ C/O _____ FIXTURES _____ LCO _____

RE-INSPECTION _____ EXT/AMEND/CoP _____ OTHER _____ TOTAL _____

PLUMBING GAS SPECIFICATIONS ONLY

Gas Test fee is applied per Meter, Riser, Lockable valve or Outdoor Groundwork

List all **NEW** gas fixtures including replacement to existing rough and pre-fab buildings

<u>GAS FIXTURES</u>	<u>No.</u>	<u>Floor</u>	<u>Date</u>	<u>Insp.</u>	<u>TYPE OF INSPECTION</u>	<u>RESULTS</u>
BOILERS					OFFICE USE ONLY	
HOT WATER HEATER						
FURNACE						
HVAC						
SPACE HEATER						
DRYER						
STOVE						
FIREPLACE						
GENERATOR						
OUTDOOR GRILL						
FIREPIT						
POOL HEATER						
FRYER						
PIZZA OVEN						
GRIDDLE						
WOKS						
SALAMANDER						
6 BURNER STOVE						
OPEN BURNER						
STEAM TABLE						
GAS BOOSTER						
OTHER						

DESCRIPTION OF WORK, SKETCH, etc;