



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 WORK

DO NOT WRITE IN THIS SPACE

| | | |
|---------------------|----------------------|---------------------|
| PERMIT # _____ | PLAN REVIEW _____ | RECEIVED BY _____ |
| APPLICATION # _____ | PLAN SUBMITTED _____ | RECEIPT # _____ |
| DATE FILED _____ | | 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 Fixtures and additional info on reverse side.

- | | | | | | |
|--|---|-------------------------------------|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Water Service | <input type="checkbox"/> New | <input type="checkbox"/> Replace | <input type="checkbox"/> Repair | Size _____ | # _____ |
| <input type="checkbox"/> Sewer Service | <input type="checkbox"/> New | <input type="checkbox"/> Replace | <input type="checkbox"/> Repair | <input type="checkbox"/> Liner | Size _____ |
| <input type="checkbox"/> Storm Sewer | <input type="checkbox"/> New | <input type="checkbox"/> Replace | <input type="checkbox"/> Repair | Size _____ | Mat _____ |
| <input type="checkbox"/> Demo Sewer/Interior | <input type="checkbox"/> Fixtures | # _____ | <input type="checkbox"/> XHCI | Size _____ | Loc _____ |
| <input type="checkbox"/> Fixtures | <input type="checkbox"/> New | <input type="checkbox"/> Replace | <input type="checkbox"/> Existing Rough | # _____ | Loc _____ |
| <input type="checkbox"/> Roughing DWV/Water | <input type="checkbox"/> New | <input type="checkbox"/> Re-Pipe | <input type="checkbox"/> Groundwork | <input type="checkbox"/> Repair | # _____ |
| <input type="checkbox"/> Backflow (Main Needs Plans) | <input type="checkbox"/> RPZ | <input type="checkbox"/> DCV | <input type="checkbox"/> Fire | <input type="checkbox"/> Plans | Size _____ |
| <input type="checkbox"/> Legalization | <input type="checkbox"/> Fixtures | <input type="checkbox"/> Piping | <input type="checkbox"/> Gas Conversion | <input type="checkbox"/> Plans | Loc _____ |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> New Construction | <input type="checkbox"/> Alteration | <input type="checkbox"/> Site Work | <input type="checkbox"/> Commercial | <input type="checkbox"/> Store/Rest. |
| <input type="checkbox"/> Boiler/HVAC | <input type="checkbox"/> New | <input type="checkbox"/> Replace | <input type="checkbox"/> Oil | <input type="checkbox"/> Gas | <input type="checkbox"/> Propane |
| <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 SPECIFICATIONS ONLY

GAS PERMIT SEPARATE

List all fixtures including change to existing rough and pre-fab buildings

| <u>FIXTURES</u> | <u>No.</u> | <u>Floor</u> | <u>Date</u> | <u>Insp.</u> | <u>TYPE OF INSPECTION</u> | <u>RESULTS</u> |
|------------------------|-------------------|---------------------|--------------------|---------------------|----------------------------------|-----------------------|
| WATER CLOSETS | | | | | OFFICE USE ONLY | |
| WASH BASINS | | | | | | |
| BATH TUBS | | | | | | |
| SHOWERS | | | | | | |
| SINKS (ALL) | | | | | | |
| URINALS | | | | | | |
| BIDET | | | | | | |
| DISH WASHERS | | | | | | |
| WASH. MACHINES | | | | | | |
| ROOF DRAINS | | | | | | |
| DRINK. FOUNTAINS | | | | | | |
| FLOOR DRAINS | | | | | | |
| FLOOR SINK | | | | | | |
| INDIRECT DRAIN | | | | | | |
| EMERGENCY DRAIN | | | | | | |
| GREASE TRAP | | | | | | |
| SAN. SEWER | | | | | | |
| STORM SEWER | | | | | | |
| WATER SERVICE | | | | | | |
| SEWAGE EJECTOR | | | | | | |
| SUMP PUMP | | | | | | |
| STEAM TABLE | | | | | | |
| ICE MAKER | | | | | | |
| COFFEE MAKER | | | | | | |
| DENTAL CHAIR | | | | | | |
| MED. VAC PUMP | | | | | | |
| MED GAS OUTLET | | | | | | |
| BACKFLOW DEVICE | | | | | | |
| BOILER | | | | | | |
| BOOSTER PUMP | | | | | | |
| OTHER | | | | | | |
| | | | | | | |
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DESCRIPTION OF WORK, SKETCH, etc;