



**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 # _____	TYPE _____
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: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Tenant/Business 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

<b>PERMIT FEES</b>	DO NOT WRITE IN THIS SPACE	RECEIVED BY _____
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						
<b>TOTAL # fixtures</b>						

IS THIS WORK RELATED TO A BUILDING PERMIT?  NO  YES, please provide Building App # B\_\_\_\_\_

\*if YES, application will not be accepted until a Building Permit is filed for.

**DETAILED DESCRIPTION OF WORK, SKETCH, etc;**