



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 # _____	TYPE _____
APPLICATION # _____	PLAN REVIEW _____
DATE FILED _____	RECEIPT # _____
PLAN SUBMITTED _____	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 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 – int / ext	<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	RECEIVED BY _____
PLAN REVIEW _____	FILING FEE _____	C/O _____
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

FIXTURES	No.	Floor	Date	Insp.	TYPE OF INSPECTION	RESULTS
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						
TOTAL # fixtures						

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;