



Building Department

Town Hall, 363 Underhill Avenue, Yorktown Heights, NY 10598
Tel. (914) 962-5722 ext.233 Fax (914) 962-1731

Application for a Plumbing Permit

PERMIT No. (Office use only) DATE:

Applicant: Complete all information lines, below, except those marked "Office use only".

Name of Owner Telephone #

Present Address of Owner*

Address/Location of proposed construction

Section Block Lot(s) Verified by Date

Is there a Building Permit for this job? Yes No If "Yes", what is the Permit number?

Proposed Work (description)

Will any equipment (boiler, water heater, sewer connection, fuel tank, etc.) be installed?

Yes No If "Yes", describe the equipment

Zoning District (Please note that the distance equipment must be from lot lines differs by district.)

Name of Plumber Phone # Fax #

License # Email

W. C. Home Improvement Contractors Lic. # Total estimated cost of work \$

Complete the following chart:

Table with 16 columns: Water Closet, Tub, Shower, Basin / Lavatory, Kitchen Sink, Slop Sink, Water Heater, Boiler, Urinal, Floor Drain, Other, Other, Other, Other. Rows: Exterior, Basement, 1st Story, 2nd Story, 3rd Story, 4th Story.

The undersigned applicant hereby agrees to comply with all applicable provisions of the Code of the Town of Yorktown, The New York State Uniform Fire Prevention and Building Code, and all other Laws, Codes, Rules and Regulations applicable to the proposed work. (Print legibly and sign.)

NAME OF CONTACT PERSON (Please print)

SIGNATURE OF OWNER / AGENT*

* If signed by other than the owner, a letter of authorization from the owner must be submitted with this application.

