

TOWN OF SOUTHEAST BUILDING DEPARTMENT
One Main Street Brewster, NY 10509 845-279-2123, fax 845-279-3137

PLUMBING PERMIT APPLICATION

Plumbing Permit # _____ Date Application Received _____ Permit Issue Date _____ Approved by Zoning _____, Bldg _____ (office use only)
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Property Address: _____
Tax Parcel Id: _____ Zoning District: _____

Property Owner Name: _____ Phone(s): _____
Street Address: _____
City _____ State _____ Zip Code _____
email _____

Tenant Info:
Business Name _____ Phone(s): _____
Business Owner's Name _____
Owner's Address: Street _____
City _____ State _____ Zip Code _____ email _____

Plumbing Contractor:
Name _____ Phone(s): _____
Address: Street _____
City _____ State _____ Zip Code _____ email _____
Putnam County License # _____

PROJECT DESCRIPTION _____

Provide an accurate, clearly drawn or engineered riser diagram with application.

Applicant must provide a copy of their current Putnam County License and workers compensation and liability insurance certificates; acceptable workers comp forms include CE-200, C105.2 (9/07) and U26.3. BP-1 (9-07) not accepted for New construction as house is not yet owner occupied and C of O has not been issued.

No work may be started until a permit for the work is issued. Work started without a permit will result in a Stop Work Order being issued.

At the completion of the project, the contractor shall provide the Town of Southeast Building Department with written certification indicating that all work performed has been completed in accordance with the NYS Building and Plumbing Codes

Please Check all applicable: (any items checked must have applicable Town/County/State approvals)

Utilities : Town Water or Sewer Private Septic Well

Road: Town County State Private

New Construction

Commercial Single Family Residential Multi-Unit Residential

of Bathrooms: _____ # of Fixtures: _____

Estimated Cost \$ _____ (based on estimated cost to install all drain, waste, vent, supply piping, materials and fixtures)

Renovation/Addition

Commercial Tenant Space Single Family Residential Multi-Unit Residential

of Bathrooms: _____ # of Fixtures: _____

Estimated Cost \$ _____ (based on estimated cost to install all drain, waste, vent, supply piping, materials and fixtures)

The Owner/Applicant and Licensed Plumber agree to comply with all applicable laws of this jurisdiction, adhere to the plans and specifications submitted and permit Building Department personnel to perform required inspections.

Applicant's Name _____ (attach owner consent form)

Owner/Applicant Signature: _____ Date _____

Licensed Plumber Signature: _____ Date _____

Application Fees

Fixture Fee-Based on # of fixtures x \$6.00 _____

Installation Fee _____

Total Fees (check or money order payable to Town of Southeast) _____

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Owner Consent Form

- Completion of this form is required when the applicant is not the property owner

Parcel Id # _____ Address _____

Name of Applicant: _____ Phone _____

Project Description: _____

I/We, _____, owners(s) of the
above property hereby give my/our permission to _____
(applicant name) to submit the above identified building permit application on my/our
behalf and to represent me/us in all proceedings concerning the referenced application.

Date _____
Owner (s) Signature(s)

Sworn to before me this _____ day of
_____, _____.

Notary Public