



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

APPLICATION No: (Office use only) DATE:
PERMIT No: DATE:

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

Section: Block: Lot:

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

Address/Location of proposed construction

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

Complete description of proposed work:

Name of Owner Telephone #

Present Address of Owner\*

Name of Plumber Phone # Fax #

License # Email

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

Complete the following chart:

Table with 13 columns: Water Closet, Tub, Shower, Basin / Lavatory, Kitchen Sink, Slop Sink, Urinal, Floor Drain, Oil Tank Install, Oil Tank Removal, 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.

(Continued on reverse side.)

APPLICATION FEE: \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_ ADDITIONAL FIXTURE FEE: \_\_\_\_\_

GAS TEST FEE: \_\_\_\_\_ OIL TANK INSTALL FEE: \_\_\_\_\_ OIL TANK REMOVAL FEE: \_\_\_\_\_

CC FEE: \_\_\_\_\_

TOTAL PERMIT FEE: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
BUILDING INSPECTOR, TOWN OF YORKTOWN