

Owner Information

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____ Cell (_____) _____ Fax (_____) _____
 E-mail: _____

Applicant Signature

I hereby apply for a permit for: (address) _____ and attest to the following:

- All information on this application is complete and accurate.
- All work will comply with the Village of Brockport Code and the NYS Uniform Code.
- I carry current Liability and, if mandated, Worker’s Compensation insurance and have provided the certificates.
- I have paid the \$25.00 Plumbing License fee.
- I have provided a copy of current licensing from another municipal agency.
- I understand this is an application only, not a permit. Work will not start without an approved permit.
- All work will be done according to plans approved by the Village of Brockport when approved plans are required.
- No work is to be concealed before inspections are performed.
- Erosion and sediment control, when applicable, will be installed before starting work.

Applicant’s signature _____ Date _____

Applicant’s printed or typed name _____

Owner/Applicant Statement –To be completed only when the homeowner is the permit applicant.

I certify I occupy and/or own the dwelling and/or the accessory structure for which this permit application is being submitted. I further certify I will install all plumbing work in accordance with all local and state regulations and inspections, and that the installer is knowledgeable with all applicable codes. I will also maintain adequate insurance coverage as applicable to this project.

Homeowner’s signature _____ Date _____

Homeowner’s printed or typed name _____

CALL BEFORE YOU DIG
 UFPO
 1-800-962-7962 or dial 811
 for utility stakeout locations

Fees		
Permit Fee	\$40.00 (base)	\$ _____
Fixture Fee	\$4.00 each (new)	\$ _____
Water Meter	\$250.00 (new)	\$ _____
Sewer	\$375.00 (new)	\$ _____
Plumbing License	\$25.00	\$ _____
Other		\$ _____
TOTAL		\$ _____

APPROVED (when signed):

 Building Inspector Date



VILLAGE OF BROCKPORT

49 State Street Brockport, NY 14420
Tel: (585) 637-1047 Fax: (585) 637-1016
E-mail: szarnstorff@brockportny.org
Web Site: www.brockportny.org

PERMIT NUMBER

for office use only

Plumbing Permit Application

PRINT OR TYPE APPLICATION

Project Information

Address: _____ Lot/Suite/Apt. Unit #: _____

Tenant, Store or Business Name: _____

Tax ID #: _____

Work Description: _____

Applicant is: Owner Contractor Plumber Estimated plumbing cost: _____

New Addition Alteration Remodel Repair Replace

Residential Commercial/Industrial
 Educational Hospital/Institutional
 Multi-family Governmental
 Religious Building Other

All Plumbing, New Home All Plumbing, New Commercial/Industrial All Other: _____

<input type="checkbox"/> Sinks	No. of new fixtures # _____	<input type="checkbox"/> Grease Trap	No. of new fixtures # _____
<input type="checkbox"/> Baths	# _____	<input type="checkbox"/> Floor Drains	# _____
<input type="checkbox"/> Basins	# _____	<input type="checkbox"/> Mop/Slop Sink	# _____
<input type="checkbox"/> Water Closets	# _____	<input type="checkbox"/> Urinal	# _____
<input type="checkbox"/> Dishwasher	# _____	<input type="checkbox"/> Water Heater	# _____
<input type="checkbox"/> Disposal	# _____	<input type="checkbox"/> Backflow Preventer	
<input type="checkbox"/> Standpipe/Trays	# _____	<input type="checkbox"/> Sprinkler System	
<input type="checkbox"/> Sump Crock	# _____	<input type="checkbox"/> Water Service	New _____ Replace _____
<input type="checkbox"/> Showers	# _____	<input type="checkbox"/> Lateral	New _____ Replace _____
<input type="checkbox"/> Water Heater	# _____	<input type="checkbox"/> Septic	New _____ Replace _____
<input type="checkbox"/> Miscellaneous Fixture	# _____ Description: _____		

COMPLETE APPLICATION ON REVERSE SIDE