



Town of North Castle Building Department

17 Bedford Road

Armonk, New York 10504-1898

Telephone: (914) 273-3000 ext. 44 Fax: (914) 273-3554

www.northcastleny.com

Plumbing Permit Application

Section I- PROJECT ADDRESS: _____ DATE: _____

Section II- CONTACT INFORMATION: *(Please print clearly. All information must be current)*

PLUMBER: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

PROPERTY OWNER: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

Section III- REQUIRED LICENSE:

All plumbers are required to submit a copy of their Westchester County plumbing license.

Section IV- REQUIRED LICENSE AND INSURANCES:

All Insurances that are being submitted, must be on NYS approved forms. Liability Insurance, an Acord form. Workers Compensation must be submitted on either a CE-200, C-105.2 or SI-12 and Disability Insurance must be submitted on a CE-200, DB-120.1 or DB-155. Please list the Town of North Castle as certificate holder. ***(Pease note, ACORD forms are NOT an acceptable proof of NYS workers Compensation coverage.)***

Section V- DESCRIPTION OF WORK:

Section VI- APPLICANT CERTIFICATION:

I hereby certify that I have read the instructions & examined this application and know the same to be true & correct. All provisions of laws & ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction. I also agree to receive recurring text messages pertaining to my application, permit and or inspections. Msg & Data rates may apply.

Signature: _____ Date: _____

Plumbing Application Fixture List									
ITEM DESCRIPTION	FLOOR LOCATION								TOTAL FIXTURES
	BSMT	1	2	3	4	5	6	EXTERIOR	
BACKFLOW PREVENTER									
BATHTUB									
BIDETS									
BOILER									
CLOTHES WASHER									
DISHWASHER									
DRINKING FOUNTAINS									
FLOOR DRAIN									
GARAGE DRAIN									
ICE MACHINE									
INDIRECT WASTE									
KITCHEN SINK									
LAUNDRY TRAY									
LAVATORIES									
ROOF DRAIN									
SERVICE SINK									
SEWAGE EJECTOR									
SEWER CONNECTION									
SHOWER STALL									
URINAL									
WATER CLOSETS									
WATERHEATER									
WHIRPOOL BATHTUB									
OTHER									
GAS FIXTURES									
Additional items or information:	Total Fixtures								
	\$125 for first 5 fixtures								\$125
	Each additional fixture over 5, \$15 each								
	Gas test \$100								
	TOTAL PERMIT FEE								

Building Department Checklist:

☐ Plumbing License ☐ Work. Comp. ☐ Liability. Ins. ☐ Disability

Permit Fee _____ Payment: ☐ Check #: _____ ☐ Cash ☐ Credit Card

Name on check: _____

Received By: _____

BUILDING INSPECTOR APPROVAL

Is a Flood Development permit required? *(Only if the structure or any work is within the Flood Plain.)* ☐ Yes ☐ No

Reviewed By: _____ Date: _____

Building Inspector Approval: _____ Date: _____