



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. ***(Please 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	
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								
<u>Additional items or information:</u>		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: _____