



## 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](http://www.northcastleny.com)

## **Plumbing Permit Application**

Permit Fee: See attached form & Fee schedule

### **Section I-** Contact Information: (Please print clearly. All information must be current)

**Plumber:** \_\_\_\_\_

Company: \_\_\_\_\_ License#: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile#: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Section II-** Description of Work Proposed:

**Section III-** INSURANCES THAT ARE REQUIRED TO BE SUBMITTED: All Insurances that are being submitted must be on NYS approved forms. Liability Insurance, must be submitted on 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 acceptable proof of NYS workers Compensation coverage.)

### **Section IV-** 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

BP# \_\_\_\_\_ Zone \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

License ☐ Workers Comp ☐ Liability Ins. ☐ Disability Ins. ☐

Permit Fee \_\_\_\_\_ Payment: Check #: \_\_\_\_\_ Cash ☐

Building Inspector Approval: \_\_\_\_\_ Date: \_\_\_\_\_

# Town of North Castle \* Building Department

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																	
<b>Additional items or information:</b>									<b>Total Fixtures</b>								
									\$100 for first 5 fixtures								\$125
									Each additional fixture over 5, \$15 each								
									Gas test \$100								
									<b>TOTAL PERMIT FEE</b>								