



VILLAGE OF BROCKPORT
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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

NOTICE TO PERMIT APPLICANTS
An asbestos survey is required for all renovation, remodeling, repair and demolition of all interior and exterior building materials per NYS Industrial Code Rule 56. For further information, please see the NYS website at www.labor.ny.gov

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"/> Septic	New _____ Replace _____
<input type="checkbox"/> Miscellaneous Fixture	# _____ Description: _____		

COMPLETE APPLICATION ON REVERSE SIDE