



VILLAGE OF BROCKPORT
 127 Main Street Brockport, NY 14420
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 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

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

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

Owner Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell (_____) _____ Fax (_____) _____

E-mail: _____

Applicant Statement

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 _____ Phone _____

Company name _____

Street _____ City/State/ZIP _____

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	\$10.00 each	\$ _____
Water Meter	\$250.00	\$ _____
Sewer	\$375.00	\$ _____
Plumbing License	\$25.00	\$ _____
Other		\$ _____
TOTAL		\$ _____

APPROVED (when signed):

 Building Inspector Date