



**PLUMBING PERMIT APPLICATION**

Application Date \_\_\_\_\_ Property Type: Residential Non-Residential

**PROJECT ADDRESS**

\_\_\_\_\_

**PLUMBING CONTRACTOR INFORMATION:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Company Address \_\_\_\_\_

Town of Irondequoit License Expiration Date: \_\_\_\_\_

**PROJECT CONTACT INFORMATION** (  check if contact is the owner):

Name \_\_\_\_\_ Phone \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**TYPE OF WORK** (check all that apply):

New Construction      Renovation      Addition      Other

**FULL SCOPE OF WORK :**

(Please complete detailed checklist and provide signature on next page.)

**(For Office Use Only)**

Included with Application:

- Instrument Survey Map (Required)
- Construction Plans (\_\_\_\_Check here if N/A.)
- Contractor Insurances (f applicable)

Application #: \_\_\_\_\_

Application Approved:  Yes  No

Initials: \_\_\_\_\_

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



**PLUMBING FIXTURE CHECKLIST**

<b>Fixture Type</b>	<b>Quantity</b>	<b>Other Plumbing Features</b>	<b>Quantity</b>
Backflow	_____	Garbage Disposal	
Basins	_____	Grease Trap(s)	
Bath Tub	_____	Hot Water Heater	
Conductors	_____		
Dishwasher	_____		
Drains (Type)	_____		
Drinking Fountain	_____		
Laundry (Box)	_____		
Laundry (Washing Machine)	_____		
Laundry Tray	_____		
Lot Line Cleanout	_____		
Sewage Ejector	_____		
Sewer (Storm)	_____		
Sewer (Sanitary)	_____		
Sewer (Repair)	_____		
Shower (Stall)	_____		
Sinks (Kitchen)	_____		
Sinks (Hand)	_____		
Sinks (Mop)	_____		
Sinks (Bar)	_____		
Sinks (3 Comp)	_____		
Sinks (Vegetable)	_____		
Trays	_____		
Water Closet (Toilet)	_____		
Other _____	_____		
Other _____	_____		

**Total Fixture Count** \_\_\_\_\_

\_\_\_\_\_  
**Plumber Signature**

\_\_\_\_\_  
**Date**