



# Town of Mamaroneck – Building Department

740 West Boston Post Road  
 Mamaroneck, NY 10543-3353  
 TEL: 914-381-7830 FAX: 914-381-8473

## APPLICATION FOR PLUMBING PERMIT

**Project Information:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SITE ADDRESS:** \_\_\_\_\_ **BLK:** \_\_\_\_\_ **LOT:** \_\_\_\_\_

### OWNER INFORMATION:

<b>Name(s):</b>			
<b>Address:</b>	<b>City/ST:</b>	<b>Zip:</b>	

### PLUMBER INFORMATION:

<b>Company Name:</b>			
<b>Contact Name(s):</b>	<b>Cell:</b>		
<b>Address:</b>	<b>City/St:</b>	<b>Zip:</b>	
<b>Phone:</b>	<b>FAX:</b>		
<b>E-Mail:</b>	<b>License #</b>		

	Sink	Laundry	Dish Washer	Washing Machine	Toilet	Basin	Bath Tub	Shower	Urinal	HW Heater	Gas Outlet Heater	Gas Outlet HVAC	Gas Outlet Stove	Gas Outlet BBQ	Gas Outlet Dryer	Gas Outlet Boiler	Gas Outlet Generator
<b>Basement</b>																	
<b>1st Floor</b>																	
<b>2nd Floor</b>																	
<b>3rd Floor</b>																	
<b>4th Floor</b>																	
<b>5th Floor</b>																	
<b>6th Floor</b>																	
<b>Attic</b>																	

**SEWER CONNECTION**  
**WATER SERVICE CONNECTION**  
**COMPLIANCE LETTER** (Required for all legalizations and needs to be submitted with this application)  
**DIG SAFE #** \_\_\_\_\_ **ELECTRICAL CERT** \_\_\_\_\_

**DESCRIPTION OF WORK:** \_\_\_\_\_

**COST of WORK:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

<b>Permit Fee:</b>	\$125 for first \$1000 \$17 per \$1000 Residential \$25 per \$1000 Commercial
<b>Gas Test:</b>	\$100 per test

DATE STAMP

***(No Hand Written Applications Accepted)***