

**TOWN OF ROTTERDAM BUILDING DEPARTMENT
COMMERCIAL PLUMBING PERMIT APPLICATION
518-355-7575 Ext 395**

Needed to Obtain a Commercial Plumbing Permit:

1. Plumbing Permit Application to be filled out and left with required items for Building Department Review.
2. Current copy of Liability and Worker's Compensation Insurance Certificates (C105.2, U26.3, CE-200)
We do not keep insurance "on File "
3. All work must conform with the Plumbing Code of New York State – **No Exceptions!**
4. Completion of Town of Rotterdam "Well Regulation Form" and Certification by approved Laboratory of water is required for private wells.
5. **Except as hereinafter provided, no person, firm, corporation, association or partnership shall commence the construction, enlargement, alteration, improvement, removal or demolition of any building or structure or any portion thereof, or any land activity or development or install a solid fuel-burning heating apparatus, chimney or flue in any dwelling unit without first having obtained a permit from the Building Inspector/Code Enforcement Officer of the Town of Rotterdam.**

TOWN OF ROTTERDAM COMMERCIAL PLUMBING PERMIT APPLICATION

| OFFICE USE ONLY | |
|------------------------------------|---------------------------------------|
| Application # | _____ |
| Approved: <input type="checkbox"/> | Disapproved: <input type="checkbox"/> |
| Cost of Permit: \$ | _____ |
| INITIALS | _____ |

| OWNER INFORMATION | PLUMBER INFORMATION |
|---|--|
| Name: Address: Phone: Email Address: | Name: Address: Phone: Email Address: Insurance Certificates: Liability Workers Compensation (Must be included with application) |
| SITE INFORMATION | JOB DESCRIPTION |
| Location: Street: Building Type: Building Use: Est. Cost: | <input type="checkbox"/> New Plumbing <input type="checkbox"/> Alteration of Existing Plumbing <input type="checkbox"/> Residential <input type="checkbox"/> Commercial |

| FIXTURES | HOW MANY | FIXTURES | HOW MANY | FIXTURES | HOW MANY |
|-----------------------------|----------|----------------------|----------|-------------------------|----------|
| Bath or Shower | | Grease/Oil Separator | | Sewage Ejector | |
| Bidet | | Grease Trap | | Sinks | |
| Dental Cuspidor | | Hosebib/Sillcock | | Sump | |
| Dishwasher | | Hot Water Heater | | Washing Machine | |
| Drinking Fountain | | Indirect Waste | | Water Closets (Toilets) | |
| Emergency Eyewash | | Laundry/Mop Sink | | Water Softener | |
| Emergency Shower | | Laundry Tray | | Urinal | |
| Fire Prot. Sprinkler System | | Lavatories | | Other: | |
| Floor Drains | | Roof Leader | | | |
| Garbage Disposal | | Sediment Trap | | | |
| TOTAL | | TOTAL | | TOTAL | |

THE FOLLOWING CONDITIONS ARE A PART OF THIS PERMIT:

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT STATE AND LOCAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

APPLICANT'S SIGNATURE

BUILDING INSPECTOR SIGNATURE