

**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 for contractors must be on file in the Building Inspector's Office.
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.**

**PLUMBING PERMIT FEES**

Commercial/Renovation Plumbing Permit

One to three fixtures	\$50
Each additional fixture	\$7

# 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:	Name: Address: Phone:  Insurance Certificates:    Liability                  Workers Compensation <b>(Must be included with application)</b>
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	
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