



a town for a lifetime
IRONDEQUOIT *New York*

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 Remodeling Addition Other _____

DESCRIPTION OF WORK :

(Please complete detailed checklist on next page.)

Included with Application:	(For Office Use Only)	Application #: _____
<input type="checkbox"/> Contractor Insurances (required)		Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Construction Plans (required)		Approval Date: _____
<input type="checkbox"/> Instrument Survey Map (if required)		



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PLUMBING FIXTURE CHECKLIST

Fixture Type	Quantity
Backflow	_____
Basins	_____
Bath Tub	_____
Conductors	_____
Dishwasher	_____
Drains (Type)	_____
Drinking Fountain	_____
Garbage Disposal	_____
Grease Traps	_____
Hot Water Heater	_____
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)	_____
Water Service	_____
Other _____	_____
Other _____	_____
Total Fixture Count	_____

Plumber Signature

Date