



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:

Name(s):			
Address:	City/ST:	Zip:	

PLUMBER INFORMATION:

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

	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
Basement																	
1st Floor																	
2nd Floor																	
3rd Floor																	
4th Floor																	
5th Floor																	
6th Floor																	
Attic																	

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 _____

Filing Fee:		(\$75 Residential or \$150 Commercial)
Gas Test:		\$100 per test
Permit Fee:		\$17 per \$1000 cost Residential \$25 per \$1000 cost Commercial

DATE STAMP

(No Hand Written Applications Accepted)