



City of Beacon
Building Department
Application for Plumbing Permit

Instructions:

1. Two sets of plans or specifications showing proposed installations shall be provided unless this application is in conjunction with a building permit. All drawings must show type of materials to be used, pipe sizes, vents, traps, etc. and their respective sizes.
2. Work covered by this application may not be commenced until issuance of Plumbing Permit.
3. Permit will be issued to Licensed Plumbers only.
4. All work will be done in accordance with the plans and no person shall make any change in said plans without written consent of the Plumbing Inspector.
5. Upon approval of this application permit will be issued together with approved duplicate set of plans. Such Permit and plans shall be kept on the premises available for inspection, throughout the work.

Name of Master Plumber: _____

Name of Plumbing Company: _____

Plumber Phone: _____ Plumber Email: _____

Plumber Address: _____

Location of Work: _____

Property Owner _____

\$25.00 Application Fee

\$9.00 Fee Per Fixture (Total Number of Fixtures): _____

\$60 Fee for Application for Certificate of Occupancy or Certificate of Compliance

Bathtub:		Bathroom Sink:		Boiler:		Commercial Sink:	
Dishwasher:		Drinking Fountain:		Floor Drains:		Floor Sink:	
Hot Water Heater:		Kitchen Sink:		Laundry Sink:		Line to Septic:	
Roof Drains:		RPZ / Backflow:		Shower:		Sewer Ejector:	
Toilet:		Grease Trap:		Urinal:		Auto Washer:	
Other:		Water Service New/ Repair:		Valve Repair/Replace:		Sewer Service/Repair:	

Owner Signature: _____ Date: _____

Plumber Signature: _____ Date: _____



CITY OF BEACON

BUILDING DEPARTMENT

1 Municipal Plaza, Beacon, NY, 12508

Ph: (845) 838-5020 | Fax: (845) 838-5026

Email: building@beaconny.gov

APPLICATION FOR CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLIANCE

The undersigned requests that a Certificate of Occupancy/Compliance be issued pursuant to

BUILDING PERMIT_____

CHANGE IN USE_____

PROPERTY OWNER_____

APPLICANT_____

LOCATION_____

SECTION_____ BLOCK_____ LOT_____

PERMITTED USE:_____

Signature of Property Owner

Date

APPROVED:_____
Building Inspector

DATE APPROVED:_____