

**CITY OF NEWBURGH  
PLUMBING PERMIT APPLICATION**

DATE: _____	PLUMBING PERMIT NO: _____	BUILDING PERMIT NO. _____
ADDRESS _____		
OWNER: _____		
CONTRACTOR: _____		
TYPE OF BUILDING:	COMMERCIAL: _____	RESIDENTIAL: _____ MIXED: _____

<b>The undersigned Licensed Master Plumber applies for a permit to do the following work:</b>			
<b>STORM SEWER:</b>	NEW: ____	REPLACEMENT: ____	REPAIR: ____ SIZE: _____
<b>SANITARY SEWER:</b>	NEW: ____	REPLACEMENT: ____	REPAIR: ____ SIZE: _____
<b>WATER SERVICE:</b>	NEW: ____	REPLACEMENT: ____	REPAIR: ____ SIZE: _____
<b>EXCAVATOR:</b>	_____		

<b>Install, Replace or Repipe the Following:</b>	<i>(List Number of Units Being Done)</i>
____ Water Closets	____ Service Sink
____ Lavatories	____ Urinal
____ Bathtubs	____ Indirect Waste
____ Kitchen Sink	____ Floor Drain
____ Drinking Fountain	____ Roof Drain
____ Laundry Tray	____ Sewer Ejector
____ Shower Stall	____ Garage Drain
____ Clothes Washer	____ Acid Pump
____ Dishwasher	____ Other: _____

<b>Put an X next to each type of work that will be performed:</b>	
____ Water Service, Lateral	____ Domestic Water Heater Installation
____ Backflow Prevention Device	____ Sanitary Sewer Disconnection (Demo)
____ Sanitary Lateral	____ Water Service Disconnection (Demo)
____ Handicapped Bathroom & Fixtures	
____ Boiler	____ Other: _____

**It is agreed that all work described above will be done by me or by my employees according to the laws of the State of New York and the Code of Ordinances of the City of Newburgh.**

\_\_\_\_\_  
Signature of Licensed Master Plumber

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date

Total Fees: \_\_\_\_\_

Check Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Comments: \_\_\_\_\_