



## TOWN OF NISKAYUNA APPLICATION FOR PLUMBING PERMIT – INTERIOR

One Niskayuna Circle  
Niskayuna, New York 12309  
Phone 518-386-4522 Fax 518- 386-4592

APPLICATION IS HEREBY MADE to the Town of Niskayuna Building Department for the issuance of a plumbing permit pursuant to the Plumbing and Building Code of New York State for the construction of buildings, additions or alterations, or for the removal or demolition, as herein described. The Applicant or Owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application which are part of these requirements, and will also allow or arrange for all inspectors to enter the premises for inspections.

**BUILDING SITE ADDRESS** \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_ SECTION-BLOCK-LOT \_\_\_\_\_

DESCRIBE WORK APPLIED FOR \_\_\_\_\_ New Plumbing \_\_\_\_\_ Alteration of Existing Plumbing

Description of work \_\_\_\_\_

ESTIMATED VALUE OF ALL WORK: (labor and materials) TOTAL \$ \_\_\_\_\_

**APPLICANT** \_\_\_\_\_ **DAY PHONE** \_\_\_\_\_

CHECK ONE: \_\_\_\_\_ CONTRACTOR  
 \_\_\_\_\_ HOMEOWNER  
 \_\_\_\_\_ OTHER (explain) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CONTRACTOR** \_\_\_\_\_ **DAY PHONE** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Note: All General Contractors must prove compliance with Section 57 of the Workers' Compensation Law and Section 220 Sub. 8 of the Disability Benefits Law by providing proof of insurance at the time of application.

Homeowners doing own work may sign a BP-1 waiver – found in the Building Department.

**PROPERTY OWNER** \_\_\_\_\_ **DAY PHONE** \_\_\_\_\_

ADDRESS (if different than above) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLEASE COMPLETE AND SIGN BACK**

FIXTURES	HOW MANY	FIXTURES	HOW MANY	FIXTURES	HOW MANY
Water Closets		Drinking Fountains		Laundry/Mop Sink	
Lavatories		Floor Drains		Back Flow Preventer	
Urinal		Sediment Trap		Sewage Ejector	
Sinks		Grease Trap		Emergency Shower	
Bath or Shower		Grease/Oil Separator Unit		Emergency Eyewash	
Dishwasher		Fire Prot Sprinkler System		Roof Leader	
Hot Water Heater		Undergrnd Sprinkler System		Indirect Waste	
Washing Machine		Hosebib/Sillcock		Dental Cuspidor	
Garbage Disposal		Laundry Tray		Bidet	
Water Softener		Sump		Other:	
TOTAL		TOTAL		TOTAL	

The applicant has reviewed and fully understands the requirements and conditions listed on this application. Article II, Section 75.5B of the Code of the Town of Niskayuna requires that where such application is made by a person other than the owner, it shall be accompanied by an affidavit of the owner or applicant that the proposed work is authorized by the owner and that the applicant is authorized to make such application.

**Applicants who are the owners of the property DO NOT have to have this application notarized.**

The undersigned hereby swears that the information provided on this application is true, correct and accurate.

Sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Notary Public, State of New York

\_\_\_\_\_  
Date

**(FOR OFFICE USE ONLY BELOW)**

BUILDING SITE ADDRESS \_\_\_\_\_

METER NEEDED \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ PRICE \_\_\_\_\_

PERMIT FEE DUE \$ \_\_\_\_\_ BASED ON \_\_\_\_\_

COMMENTS \_\_\_\_\_

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_