

**VILLAGE OF ARDSLEY  
507 ASHFORD AVENUE  
ARDSLEY, NEW YORK 10502  
Phone: 914-693-1550 Fax: 914-693-3706**

**PLUMBING PERMIT APPLICATION**

Date: \_\_\_\_\_ Plumbing Permit # \_\_\_\_\_

Permit Fee: \_\_\_\_\_ Building Permit # \_\_\_\_\_

JOB LOCATION \_\_\_\_\_

SECTION \_\_\_\_\_ SUB SEC \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

LESSEE \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO DO THE FOLLOWING PLUMBING WORK:

\_\_\_\_\_  
\_\_\_\_\_

NEW WORK \_\_\_\_\_ REPLACEMENT \_\_\_\_\_ OVERHAUL \_\_\_\_\_

FOR REPLACEMENT, WILL THERE BE ANY CHANGE IN PIPING\* \_\_\_\_\_

NUMBER OF PLUMBING FIXTURES TO BE INSTALLED OR REPLACED\* \_\_\_\_\_

NUMBER OF GAS FIXTURES TO BE INSTALLED OR REPLACED\* \_\_\_\_\_

NUMBER OF FURNACES OR WATER HEATERS TO BE INSTALLED OR REPLACED\* \_\_\_\_\_

(\*Describe all fixtures and hook-ups on reverse side of application)

METHOD OF SEWAGE DISPOSAL (SEWER OR SEPTIC) \_\_\_\_\_

HAS THE UNDERSIGNED (LICENSED PLUMBER) ANY EMPLOYEES \_\_\_\_\_

IT IS AGREED THAT ALL OF THE WORK DESCRIBED HEREIN WILL BE DONE BY ME OR MY  
EMPLOYEES ACCORDING TO THE LAWS OF THE STATE OF NEW YORK, THE CODE OF THE  
VILLAGE OF ARDSLEY AND THE WESTCHESTER COUNTY SANITARY REGULATIONS.

Plumber: \_\_\_\_\_ License #: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cost of Work: \_\_\_\_\_ Signature: \_\_\_\_\_

**(ATTACH A SKETCH OF PLUMBING AND DRAINAGE)**