



City of Saratoga Springs

BUILDING DEPARTMENT

CITY HALL - 474 BROADWAY - SARATOGA SPRINGS, NY 12866
PHONE 518-587-3550 - FAX 518-580-9480

APPLICATION FOR PLUMBING PERMIT

Application is hereby made for the issuance of a permit for the installation, alteration or repair of a plumbing system (including any part thereof) within a building or structure on private property in the City of Saratoga Springs, pursuant to Chapter 171 of the Code of the City of Saratoga Springs. The owner and contractor agree to comply with all applicable provisions of the "Plumbing Code of New York State, and agree to arrange for authorized City inspectors to enter the premises for all required inspections. The following shall also apply:

1. **APPLICATION MUST BE FILLED OUT COMPLETELY.** Signature of property owner is required. Signature of the master plumber is required, along with the cost of the plumbing work. As needed, plans and/or schematics of the proposed plumbing system(s) shall accompany this application.
2. Plumbing contractor must provide: (a) a certificate of liability insurance showing a minimum one million dollars per occurrence, with the City of Saratoga Springs listed as additional insured and certificate holder; (b) certificate of workers compensation insurance, on either the State approved **C-105.2** form or the **U-26.3** form; (c) certificate of disability insurance, on either the State approved **DB-120.1** or **DB-155** form; (d) copy of the master plumber's license and current registration; (e) hold harmless agreement.
3. The appropriate permit fee, as calculated on page two of this form (check made payable to *Commissioner of Finance*), must accompany application.
4. Plumbing work for which this permit application is made **shall not commence prior to permit issuance.** Minimum 24-hour notice is required for all inspections.
5. Required inspections may include, but are not limited to:
 - (a) A pressure test on piping of the potable water supply system prior to covering or concealment; test pressure shall be equal to at least the maximum pressure at which the piping is to serve.
 - (b) Water pressure test(s) on building drains, drainage and vent piping, prior to covering or concealment; test pressure shall be equal to at least a 10-foot column of water.

Location Information

JOB SITE ADDRESS _____ TAX ID# _____
COST OF PLUMBING WORK \$ _____

PROPERTY OWNER INFORMATION

OWNER'S NAME _____ PHONE _____
ADDRESS _____

OWNER'S SIGNATURE _____ DATE _____

PLUMBING CONTRACTOR INFORMATION

COMPANY NAME _____ PHONE _____
ADDRESS _____ FAX _____

CID# _____

MASTER PLUMBER _____ PLUMBER'S SIGNATURE _____ DATE _____

FOR STAFF USE ONLY:

FILE # _____ RECEIVED BY _____ BUILDING PERMIT # _____
DATE/TIME APPLIED _____ PERMIT # _____ DATE ISSUED _____
APPLICATION # _____ DATE ISSUED _____

CALCULATION OF PERMIT FEE FOR INSTALLATION OF PLUMBING WORK

1. BASIC CHARGE BY OCCUPANCY TYPE:

- A. PERMANENT: # OF DWELLING UNITS _____ X \$30.00 PER UNIT = _____
- B. TRANSIENT: # OF SLEEPING ROOMS _____ X \$30.00 PER ROOM = _____
- C. COMMERCIAL: # OF TENANT SPACES _____ X \$75.00 PER SPACE = _____
- D. ALL OTHERS: # OF BUILDINGS _____ X \$75.00 PER BUILDING = _____

2. INDICATE QUANTITIES OF EACH FIXTURE AND/OR PLUMBING COMPONENT BELOW TO DETERMINE FEES IN ADDITION TO THE BASIC CHARGES:

PLUMBING FIXTURE/COMPONENT	QUANTITY
WATER CLOSET	
BIDET	
URINAL	
LAVATORY	
BATHTUB (WITH OR WITHOUT SHOWER)	
SHOWER STALL	
SHOWERS (GROUP) – PER HEAD	
SERVICE SINK	
KITCHEN SINK	
LAUNDRY TRAY	
DISHWASHER	
HOSE BIBB	
DENTAL UNIT	
DENTAL LAVATORY	
DRINKING FOUNTAIN	
FLOOR DRAIN	
WASHING MACHINE CONNECTION	
HOT WATER TANK	
HOT TUB OR JACUZZI	
ROOF DRAIN	
OTHER	

E. TOTAL # OF FIXTURES AND/OR COMPONENTS: _____ X \$5.00 PER ITEM = _____

3. ADD ALL DOLLAR AMOUNTS IN THE FAR RIGHT COLUMN FOR ITEMS A, B, C, D & E

TOTAL FEE AMOUNT = _____

(MAKE CHECK PAYABLE TO *COMMISSIONER OF FINANCE*)