

Permit Fee \$ \_\_\_\_\_

Receipt/Check No. \_\_\_\_\_ Date \_\_\_\_\_

**VILLAGE OF BRIARCLIFF MANOR**  
**1111 PLEASANTVILLE ROAD**  
**BRIARCLIFF MANOR, N.Y. 10510**  
**PHONE) 914.944.2770 (FAX) 914.941.4837**



Examined \_\_\_\_\_, 20\_\_\_\_

Approved/Denied \_\_\_\_\_, 20\_\_\_\_

Permit No. \_\_\_\_\_

\_\_\_\_\_  
(Building Inspector)

**PLUMBING PERMIT APPLICATION**

Date \_\_\_\_\_, 20\_\_\_\_

The undersigned hereby makes application for a permit to perform the work shown on the drawings accompanying this application and description herein:

NUMBER AND STREET \_\_\_\_\_

SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ ZONE DISTRICT \_\_\_\_\_

OWNER \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

NAME OF PLUMBER \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

ADDRESS \_\_\_\_\_

WESTCHESTER COUNTY MASTER PLUMBER LICENSE NUMBER \_\_\_\_\_

TYPE OF WORK BE PERFORMED \_\_\_\_\_

**FIXTURE COUNT**

BASEMENT \_\_\_\_\_

1<sup>ST</sup> FLOOR \_\_\_\_\_

2<sup>ND</sup> FLOOR \_\_\_\_\_

3<sup>RD</sup> FLOOR \_\_\_\_\_

ABOVE \_\_\_\_\_

OTHER (GREASE TRAP, RPZ, ETC.) \_\_\_\_\_

**TOTAL FIXTURE COUNT**

GAS CONNECTIONS \_\_\_\_\_

IF ADDITIONAL WORK HAS BEEN DONE, AND NOT INCLUDED ABOVE, THE CONTRACTOR UNDERSTANDS AND AGREES THAT HE MUST PAY THE FEE INVOLVED FOR SUCH WORK. A SEPARATE PERMIT SHALL BE REQUIRED FOR EACH BUILDING OR UNIT.

PRINT NAME \_\_\_\_\_

SIGNED \_\_\_\_\_