

JACQUELINE M. IZZO
Mayor



MARK DOMENICO
Director

DEPARTMENT OF CODE ENFORCEMENT

Plumbing Permit Application

This Information shall be provided by the applicant in order to process the permit application.

1. Address where work is being performed. _____

2. Name, address, phone # of the property owner. _____

3. Name, address, phone # of the contractor. _____

4. Contactor must note which insurance requirement will be submitted with application.
Workers Comp Certificate _____ CE-200 _____
5. Project Start Date _____
6. Approximate cost of work being performed \$ _____
7. Are site utilities included in the scope of work? Yes _____ No _____
If yes please check all that apply. Sanitary Sewer _____ Septic _____ City Water _____ Well _____
8. Will any work take place in the city right of way? Yes _____ No _____
If yes, you must obtain a right of way permit from engineering office on the 3rd floor of city hall.
9. Please check the appropriate box. Commercial _____ Residential _____ Conversion? Yes _____ No _____
If commercial, is there an existing water meter? Yes _____ No _____
If no, Please contact Tony Nash @ 315-339-7773
Commercial occupancies must install a water meter.
10. Does this occupancy require a backflow device? Yes _____ No _____ Not Sure _____
If yes or not sure, please contact Mike Mondrick @ 315-838-1704 to discuss further.

Description of Work being Performed

You must include fixture count and fixture type

Signature of Applicant: _____ **Date:** _____

For Official Use Only:

Date Received: _____

Reviewed by: _____