

**TOWN OF BEDFORD  
BUILDING AND CODE ENFORCEMENT  
APPLICATION FOR PLUMBING PERMIT**



DATE ISSUED: \_\_\_/\_\_\_/\_\_\_

BUILDING PERMIT # \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_

STREET ADDRESS OF PROPERTY: \_\_\_\_\_

SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ ZONING \_\_\_\_\_

OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PLUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

APPLICATION IS HEREBY MADE FOR A PERMIT TO PERFORM THE WORK HEREIN SPECIFIED OR AS SHOWN ON THE DRAWINGS ACCOMPANYING THIS APPLICATION. IT IS DESIRED TO (ALTER/CONSTRUCT) THE PLUMBING IN THE (NEW/EXISTING) BUILDING. THE PROPOSED WORK OUTLINED ON THIS APPLICATION SHALL CONFORM TO ALL PROVISIONS OF THE NYS PLUMBING CODE.

**THE NUMBER OF FIXTURES MUST ADHERE TO THE FOLLOWING SCHEDULE:**

	Water Closet	Tubs	Shower	Basin	Sink	Slop Sinks	Wash Tubs	Hose Bibbs	Urinals	Floor Drain	Other
Exterior											
Basement											
1 <sup>st</sup> Story											
2 <sup>nd</sup> Story											
3 <sup>rd</sup> Story											

New Sprinkler System: \_\_\_\_\_

New Boiler: \_\_\_\_\_

Gas Inspection: \_\_\_\_\_

**TO BE COMPLETED BY THE PLUMBING INSPECTOR**

COMMENTS: \_\_\_\_\_

I HAVE MADE A FINAL PLUMBING INSPECTION OF THE ABOVE CAPTIONED PREMISES AND FOUND THE PLUMBING SYSTEM TO BE IN COMPLIANCE WITH THE NYS PLUMBING CODE.

DATE \_\_\_\_\_

BUILDING INSPECTOR  
(914) 666-8040