

# TOWN OF IRONDEQUOIT

Building and Community Development

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## PLUMBING PERMIT APPLICATION

Application Date \_\_\_\_\_ Property Type: [ ] Residential [ ] Non-Residential

### PROJECT ADDRESS

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### PLUMBING CONTRACTOR INFORMATION:

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Company Address \_\_\_\_\_

Town of Irondequoit License Expiration Date: \_\_\_\_\_

### PROJECT CONTACT INFORMATION ([ ] check if contact is the owner):

Name \_\_\_\_\_ Phone \_\_\_\_\_

### PROPERTY OWNER INFORMATION:

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

### TYPE OF WORK (check all that apply):

New Construction  Remodeling  Addition  Other \_\_\_\_\_

### PLEASE GIVE FULL DESCRIPTION OF WORK:

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(Please complete detailed fixture checklist on next page)

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1280 Titus Avenue - Rochester, NY 14617

Phone: (585) 336-6026

Email: [building@irondequoit.gov](mailto:building@irondequoit.gov)

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## PLUMBING FIXTURE CHECKLIST

Fixture Type	Quantity
Backflow	_____
Basins	_____
Bathtub	_____
Conductors	_____
Dishwasher	_____
Drains (Type)	_____
Drinking Fountain	_____
Garbage Disposal	_____
Grease Trap	_____
Hot Water Heater	_____
Laundry (Box)	_____
Laundry (Washing Machine)	_____
Laundry Tray	_____
Lot Line Cleanout	_____
Sewage Ejector	_____
Sewer (Storm)	_____
Sewer (Sanitary)	_____
Sewer (Repair)	_____
Shower (Stall)	_____
Sinks (Kitchen)	_____
Sinks (Hand)	_____
Sinks (Mop)	_____
Sinks (Bar)	_____
Sinks (3 Comp)	_____
Sinks (Vegetable)	_____
Trays	_____
Water Closet (Toilet)	_____
Other _____	_____
Other _____	_____

**Total Fixture Count** \_\_\_\_\_

**Estimated Project Cost \$** \_\_\_\_\_

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Plumber Signature

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Date

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