

TOWN OF IRONDEQUOIT

Building and Community Development



PLUMBING PERMIT APPLICATION

Application Date _____ Property Type: [] Residential [] Non-Residential

PROJECT ADDRESS

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:

(Please complete detailed fixture checklist on next page)

1280 Titus Avenue - Rochester, NY 14617

Phone: (585) 336-6026

Email: 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 \$ _____

Plumber Signature

Date

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