

**BUILDING SAFETY & ZONING ENFORCEMENT**  
**APPLICATION FOR A**  
**PLUMBING/HVAC/GAS PERMIT**



**NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT; PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE.**

**PART 1: GENERAL INFORMATION**

**1. Project Location and Information**

Number and Street Address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Current use of the property / Building: \_\_\_\_\_

Proposed use of the property / Building: \_\_\_\_\_

**2. Owner Identification**

Applicants Name: \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone - Owner: ( ) \_\_\_\_\_ - \_\_\_\_\_ Applicant: ( ) \_\_\_\_\_ - \_\_\_\_\_ Other: ( ) \_\_\_\_\_ - \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**3. Fixtures and Accessories to be installed (please note how many *NEW* fixtures and the fixture locations, i.e. 1st floor hall, 2nd floor master bedroom, basement):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Estimated Project Cost:**

Contractors estimate for the work to be performed: \$ \_\_\_\_\_

**PART 2: CONTRACTORS**

**1. Licensed Plumbing** Name: \_\_\_\_\_

**Contractor:** Phone Number: \_\_\_\_\_ License #: \_\_\_\_\_ Permit # \_\_\_\_\_

**2. HVAC Contractor:** Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**3. \_\_\_\_\_ Contractor:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PART 3: IMPORTANT NOTICES: READ BEFORE SIGNING**

1. Work conducted pursuant to a plumbing permit must be visually inspected by Building Safety and Zoning Enforcement must conform to the New York State Uniform Fire Prevention and Building Code, the Charter of the City of Kingston, and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact Building Safety and Zoning Enforcement at (845) 331-1217 (Mon. thru Fri. 8:30 a.m. to 4:30 p.m.) at least 24 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary.
3. OWNER HEREBY AGREES TO ALLOW BUILDING SAFETY AND ZONING ENFORCEMENT TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file with Building Safety and Zoning Enforcement. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form C-105.21, attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The plumbing permit must be prominently displayed so as to be visible from the street nearest to the site of the work being conducted.

I, \_\_\_\_\_, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ DO NOT WRITE BELOW THIS LINE — OFFICIAL USE ONLY \_\_\_\_\_

PERMIT FEE: Base Fee \$ 75.00 + Number of fixtures. \_\_\_\_\_ x \$10.00/each. = \$ \_\_\_\_\_ Total Fee

REVIEWED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_