

CITY OF MOUNT VERNON

City Hall  
Department of Buildings  
Roosevelt Square  
Mount Vernon, NY 10550



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DOB@cmvny.com

PLUMBING PERMIT APPLICATION

Application # \_\_\_\_\_ Taken by: \_\_\_\_\_ Filed on: \_\_\_\_\_

PART A: Location and Description of Work

Location of work:

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

Map page \_\_\_\_\_ Block \_\_\_\_\_ Lots \_\_\_\_\_

Current use of building or space where the work is proposed: \_\_\_\_\_

(Example of use: one-family dwelling, two-family dwelling, multi-family dwelling, retail, warehouse, restaurant, bank, etc.)

Area of Work:(check one box)  Entire building  Apartments No. \_\_\_\_\_

Non-residential Tenancy  Other \_\_\_\_\_

Description of Work: (Give a brief description -i.e. roughing, installation, legalization, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work is proposed to remove violation(s):  No  Yes, violation(s) number \_\_\_\_\_

Submit copy of violation(s)

The proposed work is to be performed as part of an approved and issued Building or Equipment Permit: (check one box)

No, no other work than plumbing work is proposed. I will request and pay for the letter of completion as required.

Yes, the permit number is \_\_\_\_\_, and I will request and pay for a separate letter completion.

Yes, the permit number is \_\_\_\_\_, and I will not request a separate letter completion.

Estimated cost of work: \_\_\_\_\_

PART B: Contact Information

The owner's name is the name of the property owner listed on the deed.

The applicant is the owner or the person who is legally authorized to act as owner's agent and signs the owner's affidavit.

The LIC plumber is the Westchester County licensed individual who owns and operates the plumbing company as per Westchester County Plumbing Licensing Law.

Owner's name: \_\_\_\_\_ e-mail \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_ tel \_\_\_\_\_

Applicant's name: \_\_\_\_\_ e-mail \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_ tel \_\_\_\_\_

LIC Plumber's name: \_\_\_\_\_ Company name: \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

tel: \_\_\_\_\_ fax: \_\_\_\_\_ e-mail: \_\_\_\_\_



**PART D: Applicant's Affidavit**

If the applicant is not the owner of the property, submit the letter of authorization, FORM A-1 signed by property owner and notarized naming the applicant as owner's agent. See item 1 in Instructions in the back of this form.

State of New York  
County of Westchester } ss:

\_\_\_\_\_ being duly sworn, deposes and says that \_\_\_\_\_  
*Print name of applicant-Footnotes 1 & 2* *Print name of Property Owner-Footnotes 3*  
Is the owner in fee of the premises to which this application applies; that she/he, the applicant, is legally authorized to make this application; and that the statements contained herein are true; and that she/he authorizes \_\_\_\_\_ to perform the plumbing work specified in this application.

*Print Name of licensed plumber listed below in part E*

\_\_\_\_\_  
*Applicant's signature*

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
*Notary/Commissioner of Deeds' signature*

Footnote 1: If the property owner is the applicant, she/he shall print her/his name as owner and applicant where requested.  
Footnote 2: If the owner is a corporation, the applicant shall be a principal officer of the corporation or a duly authorized agent.  
Footnote 3: The name of the property owner is the name of the person or entity listed on the deed as the owner.

**PART E: Licensed Plumber's Affidavit**

State of New York  
County of Westchester } ss:

\_\_\_\_\_ being duly sworn, deposes and says that she/he is a plumber licensed in  
*Print name of licensed Plumber- the Permit holder*  
Westchester County, license No \_\_\_\_\_ as per Westchester County Plumbing Licensing law ; that she/he owns in part or in whole the plumbing company listed herein, and that she/he is duly authorized by the property owner to perform the work proposed under this application.

That the work will be performed in accordance with the New York State Plumbing Code ,Mechanical Code and Fuel Gas Code , and all other applicable law, codes and regulations whether or not shown on the permit, the construction documents and/or specifications; and that he assumes responsibility for all acts and work performed in connection with this permit;

The undersigned further states that he/she will obtain any permit or approval required from other City, County, State and/or Federal agency, as may be required for the completion of the work to be performed under this permit; and

The undersigned also states that he/she will adhere to, and comply with, all construction and demolition safeguards and regulations enforced by the City, County, State and/or Federal government whether or not specifically listed in the permit or the construction documents.

\_\_\_\_\_  
*Licensed Plumber signature*

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
*Notary/Commissioner of Deeds' signature*

**For official use only**

Application Fee: _____	Receipt No. _____	Date: _____
Additional Fee: _____	Receipt No. _____	Date: _____
Legalization Fee: _____	Receipt No. _____	Date: _____
Letter of Completion: _____	Receipt No. _____	Date: _____

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No: \_\_\_\_\_  
*Plumbing Superintendent*

# INSTRUCTIONS

## Items to Submit for a Plumbing Permit Application

Failure to submit **ALL** the requested information and documentation will result in the denial or in a delay in the approval of your application.

**PIECEMEAL SUBMISSION WILL NOT BE ACCEPTED**

1. **COMPLETED APPLICATION FORM.** Part D must be completed by the applicant. The applicant is:
  - The property owner when the owner listed on the deed is a person, or
  - The President or Principal Officer of the corporation (or other entity other than an individual) who is listed as owner on the deed. Proof of such title must be submitted.

If the applicant is not the owner, submit the letter of authorization, Form A-1, signed by owner and notarized, naming the applicant as the owner's agent. In case of a corporation or other entity, the President or Principal Officer shall sign the authorization, Form A-1, to be notarized..

2. **PART C- Example: Repair sanitary line. Replace kitchen sink in same location and create new toilet room on 1<sup>st</sup> floor. Replace fixtures on 2<sup>nd</sup> floor bathroom, new lay-out. Legalize installation of laundry washer in basement.**

N= New Work R=Repair K= Replacement in kind, same location L= Legalization

Note that "Replacement/Re-Roughing in different location" is defined as new work.

PLUMBING WORK												
TYPE OF LINE	TYPE OF WORK		SIZE /INCH		TYPE OF WORK		SIZE/INCH					
	SANITARY SEWER LINE	R	Exist'g		STORM SEWER LINE							
	DOMESTIC WATER LINE				FIRE LINE							
FIXTURES												
FLOOR #	BAST	1	2	3	4	5	6	7	8	9	10	11
# OF PLUMBING FIXTURES &	SINK		1K									
	LAVATORY		1N	1N								
	BATHTUB			1N								
	SHOWER											
	WC		1N	1N								
	LAUNDRY W.	1L										

3. Proof of ownership is only required if the new ownership is recent (less than 6 months) and not yet recorded with the Assessment Office. In such case, a copy of the deed must be submitted.
4. **COPY OF WESTCHESTER COUNTY PLUMBING LICENSE.**
5. **COPY OF THE APPROVED PLUMBING OR MECHANICAL PLANS,** bearing the stamp of approval, if the work to be performed is specified under a Building or Equipment Permit for which construction drawings prepared by a registered design professional have been approved by the Department of Buildings.
6. **CERTIFICATES OF INSURANCE:**  
 The "Department of Buildings of the City of Mount Vernon, Roosevelt Square, Mount Vernon, NY 10550" shall be named certificate holder on each certificate.
  - Liability insurance certificate, naming the City of Mount Vernon as additional insured, and listing the location of the work. The minimum coverage shall be \$50,000.00 / \$100,000.00 for personal injury, and \$5,000.00 / \$25,000.00 for property damage. No deductible is permitted. There should be provision for ten days notice for changes in policy or cancellation.
  - Worker's Compensation insurance certificate: form BP-1, SI-12, U-263, C-105.2 or GSI-105.2.
  - Disability insurance certificate: form DB 120.1 or DB 155, or
  - If you do not have worker's compensation and disability insurance *and* the work is performed by the owner(s) of the plumbing company *only*, submit a waiver from the Worker's Compensation Board, form CE-200 of Worker's Compensation and disability insurance certificates.
7. **FEE:** Cashier's (bank) check or money order only; payable to the City of Mount Vernon. The fee is calculated as follows: \$125.00 filing fee, plus
  - \$20.00 per fixtures, except that the fixture fee is \$15.00 for existing one- and two-family dwellings.
  - \$25.00 per gas meter test.
  - \$250.00 for each new sewer, water and gas services. Same fee for repairs or replacement.
  - \$5,000.00 legalization fee (for work performed without a plumbing permit or contrary to the permit).
  - \$100.00 letter of completion. This fee must be paid if:
    - The plumbing permit is not derived from a building or equipment permit, or
    - The plumbing permit is derived from a building or equipment permit and a separate letter of completion is requested by the applicant.

**FILING AN APPLICATION DOES NOT MEAN THAT YOU CAN START THE WORK.** A legalization fee is charged if you start working before the permit is granted and conspicuously posted at the work site. The appointment for the required inspection must be scheduled with the Plumbing Superintendent. Inspections scheduling and procedures will be listed in the Inspection Report that you will receive with your permit.



**CITY OF MOUNT VERNON DEPARTMENT OF BUILDINGS**

**FORM A-1**

**LETTER OF AUTHORIZATION  
NAMING APPLICANT AS OWNER'S AGENT**

State of New York  
County of Westchester } ss:

\_\_\_\_\_  
Print full name of Property owner as listed on the deed when it is an individual  
OR,  
Print full name and title of President or Principal Officer when the owner listed on the deed is a corporation or an entity other than an individual.

being duly sworn, deposes and says that \_\_\_\_\_  
Print name of Property owner as listed on the deed

Is the owner in fee of the premises located at:

Address of Premises: \_\_\_\_\_

Map page, Block, Lot numbers: \_\_\_\_\_

And, that the person named below:

Name of Applicant/agent: \_\_\_\_\_

Address of Applicant/agent: \_\_\_\_\_

Phone Number of Applicant/Agent: \_\_\_\_\_

Is authorized to act as property owner's agent and be the applicant for the application(s) checked below for a permit to perform the work specified in this (these) application(s) at the premises listed above.

- : Building Permit Application
- : Equipment Permit Application
- : Demolition Permit Application
- : Plumbing Permit Application for work to be performed by \_\_\_\_\_  
Print name of licensed plumber and his plumbing company

: \_\_\_\_\_  
list any other building department application as applicable

\_\_\_\_\_  
Property owner signature

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary/Commissioner of Deeds' signature