



DIVISION OF BUILDING & CODES
24 EAGLE ST. CITY HALL - ROOM 303
ALBANY, N.Y. 12207

Phone: (518) 434-5165 Fax: (518) 434-6015

NO FAX PERMITS ARE ACCEPTED

Application for Plumbing Permit

*All work to be done as per Building Code and Zoning Law of the City of Albany
Application must be filled out completely – must be typed or legibly printed*

Estimated Cost _____ Date _____
 Location _____ Cross St. _____
 Owner _____
 Owner's Address _____
 (Include zip code) _____
 Owner's Phone () _____
 Contractor _____
 Contractor's Address _____
 (Include zip code) _____
 Contractor's Phone () _____
 Contractor's Signature _____ Date _____

Insurance Information – Class A & B

Insurance Agent _____
 Expiration Date _____

1. Permit Fee	Commercial \$100.00	_____
	Residential \$50.00	_____
2. SURCHARGE FEE (if applicable - see bottom of page)	1%	_____
3. Quantity _____ Water closets	\$10.00 each	_____
4. Quantity _____ Lavatories	\$10.00 each	_____
5. Quantity _____ Bath tubs	\$10.00 each	_____
6. Quantity _____ Showers	\$10.00 each	_____
7. Quantity _____ Kitchen sinks	\$10.00 each	_____
8. Quantity _____ Laundry hook-ups	\$10.00 each	_____
9. Quantity _____ Drinking fountains	\$10.00 each	_____
10. Quantity _____ Service sinks	\$10.00 each	_____
11. Quantity _____ Water heaters	\$20.00 each	_____
12. Quantity _____ Urinals	\$10.00 each	_____
13. Quantity _____ Dishwashing machines	\$10.00 each	_____
14. Quantity _____ Other	\$10.00 each	_____
TOTAL FEE		_____

All permit applications, must have company check & self - addressed, stamped envelope with it.
NO inspections will be scheduled until all required materials are submitted to this department.
Please make checks payable to the "City of Albany"
ALL ELECTRICAL WORK SHALL BE DONE BY LICENSED ELECTRICAL CONTRACTOR

ALL PROJECTS ARE SUBJECT TO A ROUGH & FINAL INSPECTION – PLEASE CALL 434-5165

A 1% surcharge fee on all commercial work and all residential work of 3 units or more. The permit fees that are in place now will still be required. The 1% surcharge is on the total cost of your bid. ALL INSPECTION REQUESTS SHALL BE 24 HOURS PRIOR TO INSPECTION AND PERMIT NUMBERS SHALL ACCOMPANY ALL INSPECTION REQUESTS OR INSPECTION WILL NOT BE SCHEDULED. INSPECTIONS WILL NOT BE ACCEPTED OR SCHEDULED BY VOICE MAIL



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Application for a Class "B" Plumbing License

Date _____

Name: _____
 Name of Company: _____
 Address: _____
 (Include zip code) _____
 Phone: () _____

Address of Work: _____

City in Which Plumbing License is Held: _____

License Number: _____

THIS APPLICATION HAS BEEN FILLED OUT IN MY OWN HANDWRITING AND I VERILY BELIEVE THAT THE INFORMATION THEREIN GIVEN IS TRUE. IF I SUCCESSFULLY PASS THE REQUIREMENTS FOR THE LICENSE I HAVE APPLIED FOR, I HEREBY AGREE TO FULLY COMPLY WITH THE LABOR LAW, INSURANCE REQUIREMENTS, GENERAL MUNICIPAL LAW AND ALL OTHER LAWS THAT APPLY TO PLUMBING WORK, BUILDING CODES AND ORDINANCES IN THE CITY OF ALBANY, NY AND WILL PROVIDE CERTIFICATES OF INSURANCE WITH THE \$400.00 PAYMENT FOR A CLASS "B" LICENSE AND OBTAIN THE NECESSARY PERMITS AND FEES.

 Signature of Applicant

 Print name of Applicant

State of New York)
 County of)

On this _____ day of _____, _____, before me personally came _____, to me known and known to me to be the person described in and executed the foregoing instrument, and _____ duly acknowledged to me that _____ executed same.

 Notary Public or Commissioner of Deeds

**A Separate Check in the amount of \$400.00
 is needed for a "B" License.
 Make checks payable to the "City of Albany"**

- Permit Application on the Reverse -