



**TOWN OF OSSINING**  
**BUILDING & PLANNING DEPARTMENT**  
 101 ROUTE 9A, P.O. Box 1166  
 OSSINING, N. Y. 10562  
 PHONE: (914) 762-8419 FAX: (914) 944-0195  
[www.townofossining.com](http://www.townofossining.com)

**APPLICATION FOR PLUMBING PERMIT**

Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Application is hereby made for a permit to perform the work herein specified. It is desired to construct/alter the plumbing and drainage system in the new/existing building located at: (Attach sketch, installation drawings and/or plans)

Address: \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

The proposed work outlined in this application conforms to all provisions of the ordinances of the Town of Ossining and the laws of Westchester County and the State of New York. It is agreed that the work will be prosecuted in accordance with the provisions of such ordinances and laws.

The sewage and drainage are to be disposed of by \_\_\_\_\_ (number) house sewers, constructed of \_\_\_\_\_ leading to \_\_\_\_\_ Public Sewer, \_\_\_\_\_ Septic Tank \_\_\_\_\_  
 Domestic Water main \_\_\_\_\_ Fire Line Service Main \_\_\_\_\_ Combination Fire and Domestic Service Main \_\_\_\_\_  
 New Work \_\_\_\_\_ Replacement \_\_\_\_\_ Overhaul \_\_\_\_\_ Sewer \_\_\_\_\_ Storm Sewer \_\_\_\_\_  
 Sprinkler \_\_\_\_\_ Other \_\_\_\_\_ Legalization of existing work "After-the-fact" \_\_\_\_\_

**Fixtures are to be located according to the following schedule:**

Toilet	Urinal	Slop Sinks	Kitchen Sinks	Washing Machine	Bath Tubs	Bathroom Sinks	Showers	Dish Washer	Other	Totals

Installation 1-3 fixtures, appliances or standpipe connections	\$50.00	Backflow Device	\$25.00
Installation 4-9 fixtures	\$75.00	Gas Test	\$25.00
Installation of 10 or more	\$100.00	HVAC Permit Residential	\$50.00
Replacement of hot water heater, gas, electric or oil heating unit	\$25.00	HVAC Permit Commercial	\$250.00
		House Sewer & Tie-In	\$50.00
		Other (Not Listed)	\$50.00

**LEGALIZATION OF EXISTING CONDITIONS "AFTER-THE-FACT" FEES = 3 x AMOUNT SHOWN** \_\_\_\_\_

Name Printed \_\_\_\_\_ Signed \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Westchester County License # \_\_\_\_\_

Date: _____	_____
Plumbing Permit No. _____	<b>Building/Plumbing Inspector's Approval</b>
Building Permit No. _____	