

PLUMBING PERMIT # \_\_\_\_\_

GAS PERMIT # \_\_\_\_\_

**CITY OF PEEKSKILL  
APPLICATION FOR GAS PIPING, PLUMBING AND/OR HEATING  
UNIT PERMIT**

<b>PLUMBING – FIRST 5 FIXTURES</b>	<b>\$100.00</b> _____
<b>EACH ADDITIONAL FIXTURE @</b>	<b>\$25.00 X</b> _____
<b>SANITARY/STORM SEWERS</b>	
<b>REPAIR OR REPLACE</b>	<b>\$150.00</b> _____
<b>NEW INSTALLATION</b>	<b>\$500.00</b> _____
<b>*GAS PIPING - Including fixtures</b>	<b>\$50.00</b> _____
(\$50 for each add'l gas meter)	
<b>EACH OIL OR GAS FIRED HEATING UNIT</b>	<b>\$50.00</b> _____
<b>Residential A/C per unit</b>	<b>\$50.00</b> _____
<b>Commercial A/C per unit</b>	<b>\$150.00</b> _____
<b>WATER SERVICE LINE</b>	
<b>REPAIR OR REPLACE</b>	<b>\$100.00</b> _____
<b>FIRE SPRINKLER LINE</b>	<b>\$150.00</b> _____
<b>BACK FLOW PREVENTOR</b>	<b>\$150.00</b> _____
<b>TOTAL \$</b>	_____

**\*\*Inspection Hours are  
8:30 a.m.-1:30 p.m.  
Tues., Wed. & Thurs.**

**CSST GAS PIPING  
IS NOT ALLOWED  
IN THE CITY OF  
PEEKSKILL**

**Control of water  
Service shut offs  
will be done by  
city personnel during  
normal business hours,  
except for emergencies  
or otherwise approved  
by the Superintendent.**

Application is hereby made to the Inspector of Plumbing for the City of Peekskill, for the approval of plans and specifications (DRAWING ON BACK) herewith submitted, for the plumbing and drainage of the building herein described. The applicant agrees to be governed by the rules and regulations of the Plumbing Code for the City of Peekskill, and to comply therewith and with every provision of the law herein specified or not.

Address of job \_\_\_\_\_ **\* 50 pound air test required**

Job Description \_\_\_\_\_

**NEW YORK STATE LAW LIMITS THE USE OF PVC OR ABS PLASTICS FOR ABOVE GROUND DRAINAGE IN COMMERCIAL BUILDINGS – CONSULT WITH THE PLUMBING INSPECTOR FOR PERMITTED MATERIAL USAGE. CSST GAS PIPING IS NOT ALLOWED IN THE CITY OF PEEKSKILL.**

Property Owner's Name \_\_\_\_\_  
Plumbers Name \_\_\_\_\_ Plumbers license Number # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone Number \_\_\_\_\_

STATE OF NEW YORK, COUNTY OF WESTCHESTER SS:

\_\_\_\_\_ Being duly sworn deposes and says that he is the applicant above-named. He is the plumbing contractor of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therein.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Notary

**\*THERE SHALL BE A \$50 FEE FOR MISSED  
INSPECTIONS & RE-INSPECTIONS.**