



VILLAGE OF BRONXVILLE BUILDING & PLANNING DEPARTMENT

200 Pondfield Road
Bronxville, NY 10708

Phone: (914) 337-7338
www.VillageofBronxville.com

PLUMBING PERMIT APPLICATION PACKAGE

(For Fire Sprinklers, See Fire Sprinkler Permit Application)

SUBMISSION REQUIREMENTS FOR PLUMBING PERMITS:

1. **Complete** the Plumbing Permit Application and submit with the following information:

- a. **Permit Fee: \$100 first 3 fixtures; \$10 each additional fixture**
- b. **Contractor Information:**
 - ☐ Plumbing License
 - ☐ Liability Insurance
 - ☐ Workers' Compensation Insurance
 - ☐ Disability Insurance

Note: All application materials and fees must be submitted together as a complete set. Piecemeal submissions will not be accepted.

****CSSP-Corrugated stainless steel tubing (Gastite or equivalent, required to be electrically bonded and fully sleeved if not installed within enclosed joist or stud bays)****

INSURANCE REQUIREMENTS

In accordance with Workers' Compensation Law §57 and §220(8)

3 Separate Insurance Certificates are REQUIRED

1. **LIABILITY INSURANCE:** ONLY liability insurance is permitted on the ACORD form.
2. For **WORKERS' COMPENSATION INSURANCE**, ONLY the following forms are acceptable:
 - **CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
 - **C-105.2** - Certificate of Workers' Compensation Insurance (Note: the State Insurance Fund provides its own version of the form – the **U-26.3**)
 - **SI-12** - Certificate of Workers' Compensation Self-Insurance
 - **GSI-105.2** - Certificate of Participation in Workers' Compensation Group Self-Insurance
3. For **DISABILITY INSURANCE**, ONLY the following forms are acceptable:
 - **CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
 - **DB-120.1** - Certificate of Disability Benefits Insurance
 - **DB-155** - Certificate of Disability Benefits Self-Insurance

Certificate holder must be listed as: Village of Bronxville, 200 Pondfield Rd, Bronxville, NY 10708

Permitted hours of construction: 8:00 am–6:00 pm, Monday–Friday



Village of Bronxville – Building Department
200 Pondfield Road, Bronxville, NY 10708
Telephone: (914) 337-7338
Application for Plumbing and Drainage Permit

Total Cost of Plumbing Work: _____ - **FILING FEE:** \$100.00 **Plus** \$10/Fix. over 3 fix.

Property Information: ☐ Commercial ☐ Residential

Property Location: House No. _____ Street Name _____

Property Owner: First Name _____ Last Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Telephone: Office (_____) _____ Cell (_____) _____

Description of Work:

Complete Reverse Side for the following items:

- | | |
|---|--|
| <input type="checkbox"/> Fixture Installation, Replacement or Re-piping | <input type="checkbox"/> Boiler/Furnace |
| <input type="checkbox"/> Backflow Prevention Device | <input type="checkbox"/> Domestic Water Heater |

☐ **Gas Service Lateral**

☐ Sanitary Sewer Lateral

☐ Storm Sewer Lateral

☐ Water Service Lateral

☐ Handicap Bathroom and Fixtures (**Submit dimension floor plan**)

☐ Other (please describe) _____

☐ **Gas Service Disconnection**

☐ Sanitary Sewer Disconnection

☐ Storm Sewer Disconnection

☐ Water Service Disconnection

GAS PIPING: Is gas piping proposed ☐ Yes ☐ No --- If yes, describe purpose/location: _____

IS FLEXIBLE GAS PIPING PROPOSED? ☐ Yes ☐ No --- If yes, attach a copy of the plumber's Certificate of Competency for flexible piping to the application.

GAS TEST: If gas piping is proposed, how many existing or proposed gas meters are required: _____

CSSP-Corrugated stainless-steel tubing (Gastite or equivalent, required to be electrically bonded and fully sleeved if not installed within enclosed joist or stud bays)

Plumber Information:

License No.: _____ Company Name: _____

First Name _____ Last Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____ Cell Phone No.: (_____) _____

Email: _____

The undersigned requests that a permit be issued to perform the installation described herein. Such work shall conform with all applicable provisions of the Building; Plumbing; Mechanical; and Fuel Gas Code of NY State.

Signature of Westchester County Licensed Plumber: _____ Date: _____

Office Use Only							
Date Received	Application No.	Section	Block	Lot	Permit #	Fee Paid	Date Approved

ITEM DESCRIPTION	FLOOR LOCATION									TOTAL FIXTURES
	CELLAR	BSMT	1	2	3	4	5	6	EXTERIOR	
BACKFLOW PREVENTER										
BATHTUBS										
BOILER										
CLOTHES WASHER										
DISHWASHERS										
DRINKING FOUNTAIN										
FIREPLACE										
FLOOR DRAIN										
FURNACE										
GARAGE DRAIN										
GENERATOR										
HOT WATER HEATER										
INDIRECT WASTE										
KITCHEN SINKS										
LAUNDRY TRAY										
LAVATORIES										
ROOF DRAIN										
SERVICE SINK										
SEWAGE EJECTOR										
SHOWER STALLS										
STOVE/OVEN										
URINAL										
WATER CLOSETS										
OTHER										
				TOTAL FIXTURES						
				TOTAL COST \$10.00 PER FIXTURE OVER 3						
				PLUS FILING FEE						\$100.00
				TOTAL APPLICATION FEE						