

# Plumbing Permit Application



## City of Cortland Fire Department

Code Enforcement Office

25 Court Street  
Cortland, New York 13045

Permit #: \_\_\_\_\_

Phone: 607.753.1741

Fax: 607.753.6051

**Instructions:**

A. Provide a detailed floor plan sketch or isometric drawing of the proposed construction, including plumbing fixtures, domestic water lines, waste & vent piping. **This office will notify applicant of any or all discrepancies immediately upon completion.**

B. No work shall commence until plumbing permit has been issued. The permit will be displayed on the premises throughout the project.

C. **A signature is required on this application.**

**ALL JOBS SHALL BE INSPECTED**

WORK ADDRESS: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

LICENSED PLUMBER: \_\_\_\_\_

IS THIS A NEW INSTALLATION OR REPLACEMENT INSTALLATION? \_\_\_\_\_

WHAT IS THE OCCUPANCY OF THIS BUILDING? \_\_\_\_\_

Base Fee: New or extending existing for single family home \$105.00 plus fixture fee.  
New or extending existing for all other structures \$150.00 plus fixture fee.  
Replacement of existing fixtures in all structures \$45.00.  
Each fixture is \$4.

List the number of plumbing fixtures:

Water Closet		Laundry		Fountain	
Lavatory		Urinal		Floor Drain	
Tub		Water Heater		Sink	
Shower		Dish Washer		Leak	
Kitchen Sink		Disposal		Other	

Piping Material:

Domestic Water		Drain & Waste	
----------------	--	---------------	--

I, the undersigned licensed Plumber/Heating Technician/Owner, submit this plumbing permit application to the Code Enforcement Office for the issuance of a permit to perform plumbing/heating work as described herein and in so doing, acknowledge that all plumbing/heating work will be performed in accordance with all applicable codes and regulations. I also certify that all work will be performed: (check one only)

By me personally

By a licensed employee of my company

\_\_\_\_\_  
Signature of Licensed Plumber / Property Owner

\_\_\_\_\_  
Date

**For Office Use Only:**

Date Application Received: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Flood Plain: \_\_\_\_\_

Billed or Paid: \_\_\_\_\_

Conditions: \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

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