



City of Saratoga Springs

BUILDING DEPARTMENT

CITY HALL - 474 BROADWAY - SARATOGA SPRINGS, NY 12866

PHONE 518-587-3550 X2511 FAX 518-580-9480

APPLICATION FOR PLUMBING PERMIT

Application is hereby made for the issuance of a permit for the installation, alteration or repair of a plumbing system (including any part thereof) within a building or structure on private property in the City of Saratoga Springs, pursuant to Chapter 171 of the Code of the City of Saratoga Springs. The owner and contractor agree to comply with all applicable provisions of the "Plumbing Code of New York State, and agree to arrange for authorized City inspectors to enter the premises for all required inspections. The following shall also apply:

1. **APPLICATION MUST BE FILLED OUT COMPLETELY.** Application must be fully completed. As needed, plans and/or schematics of the proposed plumbing system(s) shall accompany this application.
2. The appropriate permit fee, as calculated on page two of this form (check made payable to *Commissioner of Finance*), must accompany application.
3. Plumbing work for which this permit application is made **shall not commence prior to permit issuance**. Minimum 24-hour notice is required for all inspections.
4. Required inspections may include, but are not limited to:
 - (a) A pressure test on piping of the potable water supply system prior to covering or concealment; test pressure shall be equal to at least the maximum pressure at which the piping is to serve.
 - (b) Water pressure test(s) on building drains, drainage and vent piping, prior to covering or concealment; test pressure shall be equal to at least a 10-foot column of water.
5. Insurance coverage:
 - (a) *For general contractors acting in the capacity of a general contractor:* a Certificate of Insurance on an ACCORD form with Commercial General Liability Insurance of One Million Dollars (\$1,000,000) per occurrence aggregate naming the City of Saratoga Springs as an Additional Insured and Certificate Holder;
 - (b) *All Applicants* must provide proof of NYS Statutory Workers Compensation and Disability Insurance or a waiver of same as determined by the NYS Workers Compensation Board.
 - (c) *Copy of a master plumber's license*

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Location Information		PARCEL ID# _____
JOB SITE ADDRESS _____		COST OF PLUMBING WORK \$ _____
PROPERTY OWNER INFORMATION		
OWNER'S NAME _____		PHONE _____
ADDRESS _____ _____		
PLUMBING CONTRACTOR INFORMATION		OWNER'S SIGNATURE _____ DATE _____
COMPANY NAME _____		CID# _____
ADDRESS _____ _____		PHONE _____
		FAX _____
MASTER PLUMBER _____		PLUMBER'S SIGNATURE _____ DATE _____

FOR STAFF USE ONLY:		
FILE # _____	RECEIVED BY _____	BUILDING PERMIT _____
DATE/TIME APPLIED _____	PERMIT # _____	DATE ISSUED _____
APPLICATION # _____	DATE ISSUED _____	

The Individual filing this application, to the fullest extent provided by law, shall indemnify and save harmless the City of Saratoga Springs, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of or resulting from the performance of the work covered by this building permit application, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortuous act or negligent act or omission of Applicant, its contractor or its employees or anyone for whom the Contractor is legally liable or Subcontractors. _____ **initial**

