

City of Saratoga Springs



BUILDING DEPARTMENT

CITY HALL - 474 BROADWAY, SUITE 32 - SARATOGA SPRINGS, NY
12866 PHONE 518-587-3550 x2510

kathleen.farone@saratoga-springs.org

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 International Plumbing Code, 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.** 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 filed **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 (form C105.2) and Disability Insurance (form DB120.1) or a waiver of same as determined by the NYS Workers Compensation Board (CE-200).
 - (c) Copy of a master plumber's license

APPLICATION FOR PLUMBING PERMIT

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

FOR STAFF USE ONLY:		
DATE APPLIED _____	REC'D BY _____	BLDG PERMIT _____
FILE # _____	APP # _____	DATE ISSUED _____
PERMIT # _____	DATE ISSUED _____	
PAID \$ _____	INSURANCE OKAY? _____	

HOLD HARMLESS:

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**

CALCULATION OF PERMIT FEE FOR INSTALLATION OF PLUMBING WORK (FEES VALID THRU 5/31/2020)

1. BASIC CHARGE BY OCCUPANCY TYPE:

A. RESIDENTIAL (NON TRANSIENT) # OF DWELLING UNITS _____ x 55.00 PER UNIT = _____

B. RESIDENTIAL (TRANSIENT) # OF SLEEPING ROOMS _____ x \$110.00 PER ROOM = _____

C. COMMERCIAL: # OF TENANT SPACES _____ x \$110.00 PER SPACE = _____

2. INDICATE QUANTITIES OF EACH FIXTURE AND/OR PLUMBING COMPONENT BELOW TO DETERMINE FEES IN ADDITION TO THE BASIC CHARGES:

PLUMBING FIXTURE/COMPONENT	QUANTITY
WATER CLOSET	
BIDET	
URINAL	
LAVATORY	
BATHTUB (WITH OR WITHOUT SHOWER)	
SHOWER STALL	
SHOWERS (GROUP) – PER HEAD	
SERVICE SINK	
KITCHEN SINK	
LAUNDRY TRAY	
DISHWASHER	
HOSE BIBB	
DENTAL UNIT	
DENTAL LAVATORY	
DRINKING FOUNTAIN	
FLOOR DRAIN	
WASHING MACHINE CONNECTION	
HOT WATER TANK	
HOT TUB OR JACUZZI	
ROOF DRAIN	
GAS LINE	

E. TOTAL # OF FIXTURES AND/OR COMPONENTS: _____ x \$8.00 PER ITEM = _____
RESIDENTIAL

\$11.00 PER ITEM = _____
COMMERCIAL

3. ADD ALL DOLLAR AMOUNTS IN THE FAR RIGHT COLUMN FOR ITEMS A, B, C, D & E

TOTAL FEE AMOUNT = _____