

TOWN OF PLATTSBURGH  
CLINTON COUNTY, NEW YORK

COMMERCIAL/INDUSTRIAL WATER SERVICE  
APPLICATION AND PERMIT

WATER PERMIT NO.  
PARCEL NO.

To the Town of Plattsburgh:

I, \_\_\_\_\_ being the owner of the property located  
at \_\_\_\_\_ in the \_\_\_\_\_ water  
district do hereby request a permit to (install, repair or replace) the water service at said location.  
(circle one)

The following indicated fixtures will be connected to the proposed water service:

Type of business \_\_\_\_\_

The pipe size, (diameter), of water service to be installed shall be \_\_\_\_\_ inch for fire  
protection,

inch for domestic, pipe type \_\_\_\_\_.

The maximum number of persons/employees/seating capacity \_\_\_\_\_.

The name and address of the person or firm to perform the proposed work is: (Contractor must have minimum of  
\$500,000 Liability Insurance with the Town of Plattsburgh named as additional insured and on file in the Water &  
Wastewater Department)

In consideration of the granting of this permit, the undersigned agrees:

To accept and abide by all provisions of the ordinances local laws or regulations of the Town of Plattsburgh, now in  
existence or that may be adopted in the future.

To maintain the water service at no expense to the Town.

To **notify** the Town Water & Wastewater Department when the water service is ready for **inspection** and operation,  
but before any portion of the work is covered. **A MINIMUM 72 HOUR NOTICE IS REQUIRED.**

To accept the responsibility for the satisfactory completion of work and to hold harmless the Town of Plattsburgh, its  
agents and employees in the event of any loss or damage that may directly or indirectly be occasioned by said  
installation.

**SUBMIT PLUMBING PLANS & SPECIFICATION FOR APPROVAL BY WATER & WASTEWATER  
DIRECTOR OR SUPERINTENDENT BEFORE PERMIT WILL BE ISSUED.**

Date of Application: \_\_\_\_\_

*Applicant's Notarized Signature*

\$ \_\_\_\_\_ connection fee paid

\$ \_\_\_\_\_ inspection fee paid

Application approved and permit issued:

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

\*Approved:

Water & Wastewater Director

- **Director Signature & Permit Number must appear  
on permit before work may begin.**

**DO NOT WRITE BELOW THIS LINE**

Backflow Prevention Device Required:

RPZ \_\_\_\_\_ DCV \_\_\_\_\_ NONE

Signed:  
Water & Wastewater Director

CLERK - Copy #1  
W & WW DEPT. -Copy #2  
OWNER - Copy #3