

**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 – [circle one]) the water service at said location.

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

No.	Inlet Size	Fixture	No.	Fixture	No.	Type	Fixture
_____	_____	Kitchen sinks	_____	Bathtubs	_____	_____	Urinals
_____	_____	Lavatories	_____	Dental units	_____	_____	Water closets
_____	_____	Laundry tubs	_____	Dental lavatories	_____	_____	Other (Specify)
_____	_____	Service sinks	_____	Drinking fountains			
_____	_____	Dishwashers	_____	Wash sinks			
_____	_____	Washing machines					
_____	_____	Hose connections					

2. Type of business _____
3. The pipe size, (diameter), of water service to be installed shall be _____ inch for fire protection, _____ inch for domestic, pipe type _____.
4. The maximum number of persons/employees/seating capacity _____.
5. 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

Notary

Application approved and permit issued:

Date: _____

Applicant's Mailing Address

*Approved: _____
Water & Wastewater Director

Applicant's Telephone Number

- 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

ANY WATER INSTALLED OR REPAIRED AFTER NOVEMBER 15TH, **INSULATION IS REQUIRED**. THE OWNER IS RESPONSIBLE FOR FREEZING TO THE MAIN, INCLUDING ANY DAMAGE TO TOWN OF PLATTSBURGH FACILITIES.

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