



**Town of Gates**  
1605 Buffalo Road  
Rochester, New York 14624  
Ph: (585) 247-6100 Fax: (585) 426-8581

Date Received:

## PLUMBING PERMIT APPLICATION

### 1. Property Information:

Property Address: \_\_\_\_\_  
Business Occupant Name: (If Commercial Property) \_\_\_\_\_

### 2. Contact Information:

**Who owns this property?:** (Name listed on the property deed)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Email: \_\_\_\_\_

**Applicant:** (Submit owner's written permission for project, if you aren't listed on deed)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Email: \_\_\_\_\_

Who should we contact once permit is ready?  
\_\_\_\_\_

### 3. Who is Performing the Work?

☐ **Owner, Friend or Family:** Owner must complete CE-200  
Contact NYS with questions.

☐ **Plumber:** Submit General Liability & Worker's Compensation Ins. or  
CE-200 Form (Plumber must be registered with the Town of Gates)

Company \_\_\_\_\_  
Contact \_\_\_\_\_  
Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_

### 4. Project Details

Permit Fees: Commercial =\$80.00

Residential=\$40.00

\$5.00 per fixture

\$10.00 per drain

FIXTURES	BASEMENT	1 FLOOR	2 FLOOR	3 FLOOR	AMOUNT
Closets					
Bath or Shower					
Lavatory					
Spas					
Bidet					
Sink					
Dishwasher					
Water Heater					
Laundry Tray					
Washing Machine					
Urinal					
Drinking Fountain					
Backflow Prev.					
Grease Trap					
Oil Seperator					

Project Details:  
\_\_\_\_\_

### 5. Documentation:

- ☐ **Plans:** Provide detailed plans with diagram or a narrative description  
☐ **Insurance or Exemption Form:** Refer to section # 3 above.  
☐ **Plumber registered with Town:** Refer to section #3 above.