



CITY OF PORT JERVIS
BUILDING DEPARTMENT
14-20 HAMMOND STREET; P.O. BOX 1002
PORT JERVIS, NEW YORK 12771
TELEPHONE: (845) 858-4080
FAX: (845) 856-6913

INSTRUCTIONS FOR ONE-TIME PLUMBER'S LICENSE

- 1) Application fee \$100.00, Non-refundable, check made payable to the City of Port Jervis.
- 2) If application for a one-time license is approved by the Examining Board of Plumber's, the fee for the issuance of the one-time license is one percent (1%) of the estimated cost of the work as stated on the building permit application or five hundred (500.00), whichever is greater.
- 3) Such one-time license shall be valid only for a specific contract or job, at a specific location, and shall expire upon issuance of a certificate of approval for the work covered by the contract of the job.
- 4) A building permit is required for all plumbing work. Fee will be calculated on the cost of the project.

Submit the following information with your application

- 1) Check made payable to the City of Port Jervis in the amount of \$100.00.
- 2) Copy of your current plumber's license, issued within the State of New York.
- 3) Name, address and telephone number of your licensing bureau/municipality. Note: Must be within New York State.
- 4) Copy of current liability insurance and workmen's compensation insurance.
- 5) List of employees to work on the job location. If any changes occur an amended list must be submitted to the Building Department immediately.

The Examining Board of Plumber's meeting is held the first Wednesday of each month at 6:30 P.M.. Your application will be reviewed at that time. The board is in recess during the months of July and August.



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APPLICATION FOR ONE-TIME PLUMBER'S LICENSE

DATE: _____

<u>FOR BOARD USE ONLY</u>	
Date received _____	application
Date received _____	fee
Application fee _____	
License issued _____	No.
Date issued _____	license

Place a 1 ½ x 1 ½
Photograph taken
within thirty (30)
days of date of
application here

<u>FOR BOARD USE ONLY</u>	
The Examining Board of Plumber's hereby grants denies the license applied for in this application.	
_____	_____
Date	Electrical Board Chairman

FOR INDIVIDUAL APPLICANT

NAME: _____

HOME ADDRESS: _____

TOWN: _____ **COUNTY:** _____ **ZIP:** _____

HOME TELEPHONE NO.: _____

NAME OF APPLICANT'S BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE NO.: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

FOR CORPORATE OR ASSUMED NAME:

**CORPORATE OR
ASSUMED NAME:** _____

**PRINCIPLE
OFFICE ADDRESS:** _____

TOWN: _____ **COUNTY:** _____ **ZIP:** _____

**INDIVIDUAL
SUPERVISOR'S NAME:** _____

**TELEPHONE
NO.:** _____

LOCATION AND NAME OF OWNER OF PROPERTY WHERE WORK IS TO BE PERFORMED:

**IMPORTANT NOTE: ATTACH COPY OF CURRENT PLUMBER'S LICENSE(S).
NAME, ADDRESS AND TELEPHONE NUMBER OF WHERE YOU HOLD A MASTER ELECTRICIAN'S
LICENSE, PLEASE LIST ALL AGENCIES:**

- 1) _____
- 2) _____
- 3) _____

APPLICATION MUST BE SIGNED BEFORE A NOTARY PUBLIC.

SIGNATURE OF APPLICANT

INDIVIDUAL NOTARIZATION

STATE OF _____)

COUNTY OF _____) SS:

ON THIS _____ DAY OF _____, 19_____, BEFORE ME
PERSONALLY CAME _____ TO ME KNOWN AND KNOWN TO ME THE
INDIVIDUAL _____ DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT,
AND _____ DULY ACKNOWLEDGED.

NOTARY PUBLIC

CORPORATE NOTARIZATION

STATE OF _____)

COUNTY OF: _____) SS:

ON THIS _____ DAY OF _____, 19_____, BEFORE ME PRSONALLY
CAME _____ SWORN DID DISPOSE AND SAY THAT HE/SHE RESIDES AT
_____, OF THE _____ THE CORPORATION DESCRIBED IN AND
WHICH EXECUTED THE ABOVE INSTRUMENT; THAT HE/SHE KNOWS THE SEAL OF SAID
CORPORATION; THAT THE SEAL AFFIXED TO SAID BY ORDER OF THE BOARD OF DIRECTORS OF
SAID CORPORATION, AND THAT HE/SHE SIGNED HIS/HER NAME THERETO BY LIKE ORDER.

NOTARY PUBLIC

**NOTE: A BUILDING PERMIT IS REQUIRED FOR ALL ELECTRICAL WORK. ONCE YOU ARE APPROVED FOR A
LICENSE YOU MUST OBTAIN A BUILDING PERMIT FROM THE BUILDING DEPARTMENT PRIOR TO
COMMENCEMENT OF WORK.**