

APPLICATION FOR PLUMBING PERMIT

CITY OF MIDDLETOWN, NEW YORK

PERMIT NO: _____

DATE: _____

LOCATION: _____

CLASS OF BUILDING: _____

HOW MANY STORIES: _____

OWNER: _____

ADDRESS: _____

ARCHITECT: _____

ADDRESS: _____

PLUMBER: _____

ADDRESS: _____

WORK TO BE PERFORMED:

NUMBER OF FIXTURES: _____

PERMIT FEE: _____

CHECK NO.: _____

WORK TO BE PERFORMED BY PERSONS QUALIFIED BY LAW AND IN ACCORDANCE WITH
THE PLUMBING CODE OF THIS CITY. APPROVAL AND A PERMIT MUST BE OBTAINED
FROM THE PLUMBING INSPECTOR PRIOR TO START OF WORK.

EXAMINED AND APPROVED: _____ DATE: _____

APPLICATION FOR RENEWAL OF PLUMBER LICENSE
ALL RENEWALS FOR LICENSES MUST BE SUBMITTED NO LATER THAN DECEMBER
31 OF EACH YEAR IN ACCORDANCE WITH THE CODE OF THE CITY OF MIDDLETOWN

I hereby apply for a Plumber's License and declare that the following statements by me are true and correct.

Name of Applicant : _____ Business Tel. () _____

Applicant's Address: _____ Home Tel. () _____

_____ City State Zip Code
 Social Security No: _____

Name of Business: _____

Business Address: _____

_____ City State Zip Code
 Have you been actively engaged in the plumbing business during the past year?

_____ Liability Insurance coverage is in effect. Copy attached.

_____ I do not maintain Liability Insurance coverage at the present time. No work will be performed by me in the City of Middletown unless such coverage is in effect.

Signature	Date	License Number
<u>EMPLOYEE LIST</u>		
NAME	ADDRESS	WORKMAN'S COMPENSATION POLICY # AND COMPANY NAME DISABILITY POLICY #, CO. NAME

NOTE: If you have no employees please write **NONE**. If you need more space use a separate sheet of paper and attach.

If you delete or add employees during the year, you must notify the Plumbing Inspector at the Middletown Department of Public Works of the respective changes. Doing this will help us keep our records current and save you the inconvenience of a court appearance.

Any person found performing plumbing work in the City of Middletown that does not possess a current plumbing license or is not listed as a current employee of same, will be issued an appearance ticket returnable to city court.

The proper permits must be obtained prior to performing any plumbing work.

CITY OF MIDDLETOWN
ACCIDENT REPORT

NAME: _____ SOCIAL SECURITY#: _____

HOME ADDRESS: _____ PHONE: _____

BUSINESS ADDRESS: _____ PHONE: _____

EMPLOYEES' DEPT: _____ TITLE: _____

MARRIED: _____ SINGLE: _____ DATE OF BIRTH: _____

DATE OF ACCIDENT: _____ WEATHER AT TIME: _____

LOCATION OF ACCIDENT: _____ ROAD CONDITION: _____

AUTO/PROPERTY INFORMATION (IF APPLICABLE)

MAKE AND YEAR OF AUTO: _____ PLATE#: _____

VIN# _____ INS. CARRIER: _____

NAME AND ADDRESS OF OWNER: _____

DRIVER NAME AND ADDRESS: _____

LICENSE#: _____

DESCRIPTION OF DAMAGE: _____

MEDICAL AID PROVIDED BY: _____ DATE: _____

INJURED PARTS: _____

WAS INJURED RETURNED TO WORK: YES ___ NO ___ DATE: _____

NAME AND ADDRESS OF WITNESS: _____

WHAT JOB WAS EMPLOYEE DOING: _____

DESCRIPTION OF ACCIDENT: _____

SIGNED: _____ DATE OF REPORT: _____

NOTE: ALL REPORTS OF PROPERTY OR AUTO DAMAGE SHALL BE ACCOMPANIED BY A
STATEMENT OF REPAIR OR REPLACEMENT