



Gary E. Beck, Jr.
Building Inspector

THE CITY OF POUGHKEEPSIE
NEW YORK
BUILDING DEPARTMENT
62 CIVIC CENTER PLAZA, 2ND FLOOR
POUGHKEEPSIE, NY 12601
Phone: (845) 451-4007 Fax: (845) 451-4006

APPLICATION FOR EXAMINATION
HOMEOWNER'S PLUMBING PERMIT

The Common Council has adopted an amendment to the Plumbing Code which will allow the owner-occupant of one and two family dwellings to perform limited plumbing work within the building itself, providing the home-owner successfully passes the homeowner's plumbing exam. This amendment is effective as of September 1, 1992.

The attached Application for Examination for Homeowner's Plumbing Permit must be completed for approval prior to examination. In order for the application to be processed, the following information must be provided:

1. Proof of ownership of the single or two family residence; and
2. Proof of residency in the single or two family dwelling; and
3. Homeowner's exempt form for Workman's Compensation, form **BP 1 (9/07)**.

The examination will be given every Monday, Tuesday, and Wednesday between 1:00 and 3:00pm. The exam consists of ten (10) multiple choice questions. To achieve a passing grade, the applicant must answer a minimum of seven (7) questions correctly.

If the applicant successfully passes the homeowner's examination, he/she may file for a limited plumbing permit to perform plumbing work within the building lines.

If the applicant fails to pass the exam a new application must be filed before any re-examination may take place.

PLEASE BE ADVISED THAT UNDER A HOMEOWNER'S PLUMBING PERMIT, NO WORK MAY BE PERFORMED ON SANITARY SEWERS, WATER SERVICE LINES, WATER METER AND GAS PIPING, ON ANY PUBLIC RIGHT OF WAY OR CITY STREET, OR OUTSIDE THE BUILDING LINES AT ALL.



Gary E. Beck, Jr.
Building Inspector

**THE CITY OF POUGHKEEPSIE
NEW YORK
BUILDING DEPARTMENT
62 CIVIC CENTER PLAZA, 2ND FLOOR
POUGHKEEPSIE, NY 12601
Phone: (845) 451-4007 Fax: (845) 451-4006**

PLBL -\$50.00

**APPLICATION FOR EXAMINATION
HOMEOWNER'S PLUMBING PERMIT**

ADDRESS: _____

CHECK ONE: _____ **Single Family Dwelling**

_____ **Two Family Dwelling**

OWNER'S NAME: _____

ADDRESS: _____

ZIP CODE: _____

PHONE #: _____ **(HOME)** _____ **(WORK)**

PROOF OF RESIDENCY:

DRIVER'S LICENSE # : _____

OTHER: _____

Signature of Applicant

**Sworn to before me on this
_____ day of 20_____**

Notary Public

Plumbing Inspector

<u>FOR OFFICE USE ONLY</u> APPROVED: _____ DISAPPROVED: _____ TEST SCORE: _____
--