



**BUILDING DEPARTMENT**  
**City of Beacon**

One Municipal Plaza - Suite 1 - Beacon, New York 12508

# *Application for Plumbing Reciprocal License*

Date: \_\_\_\_\_

Plumbers Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Location of Job: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

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*For office use only:*

- \_\_\_\_\_ Certificate of Insurance showing City of Beacon as holder.
- \_\_\_\_\_ Workers Compensation (C-105) and Disability Benefits (DB-120)  
Or you can provide a copy of CE-200 form from NYS
- \_\_\_\_\_ Photo ID
- \_\_\_\_\_ Copy of License the plumber holds.
- \_\_\_\_\_ \$350.00 Fee.
- \_\_\_\_\_ Plumbing Permit