DEPARTMENT OF BUILDINGS

Incorporated Village of Island Park
516.431.0600

GAS/L.P.G.

LOCATION

Number and street or Physical

Sec.	Blk.	Lots

No. of Fixtures _____ Type of Occupancy _____

Permit # _____

NOT VALID UNTIL STAMPED

GAS Plumbing Permit

Building Permit No._____

Date:

Fee: $ C/A #

FIXTURES

LOCATION	B		1st	2nd	3rd	4th
WATER HEATER						
HEATING BOILER						
WATER STORAGE TANK						
H.V.A.C.						
RANGE						
OVEN						
BARBECUE						
FIRE PLACE LOG						
GAS ANSUL VALVE						
GAS METER						
L.P.G. TANK						
POOL HEATER						
CLOTHES DRYER						
WATER CONNECTION						
OTHERS						

I am the owner of the subject property and hereby acknowledge that the plumber who signed this application is the plumber who is applying and who intends to perform the plumbing work at the subject property, as indicated in this permit application.

That the premises is a one or more family dwelling, and that installed in the premises are approved and operational smoke detecting devices and carbon monoxide detecting devices in compliance with the provisions of **Chapter 3, Sections R314 and R315 of the International Residential Code concerning smoke alarms and carbon monoxide alarms.**

These statement are made with the knowledge that a willfully false represetation is unlawful and are punishable as a crime of perjury under Article 210 of the Penal Law of the State of New York.

Signature: _____

Sworn to before me this_____ day of _____, 20 _____

Notary Public:

Owner.....

Owner's Address.....

Owner's Tel. No. ( ).....

No licensed plumber shall sign a plumbing permit or act as an agent for a person who is not a licensed plumber in the Town of Hempstead. A violation of this rule will be deemed sufficient reason by the Commissioner of Buildings for the revocation of their plumbing license.

I am the plumber of record and I will be performing the applied for work and in the event of any changes to this application as submitted, I will notify the Department of Building at once.

License No. ..... Expiration .....

Name (Please Print) .....

Business Address .....

Tel. No. ( ) .....

Signature .....

Master Plumber

Sworn to before me this .....day of.....20.....

Notary Public, Nassau County, N.Y., No.....

DO NOT WRITE BELOW THIS LINE

GAS TEST REQUIRED

Plumbing Application Approved by _____ Date _____

White - OFFICE, Green - INSPECTOR, Canary - RESIDENT