

DEPARTMENT OF BUILDINGS
Incorporated Village of Island Park
516.431.0600



Permit # _____

NOT VALID UNTIL STAMPED

LOCATION

Number and street
or Physical

Sec.

Blk.

Lots

No. of Fixtures _____ Type of Occupancy _____

FIXTURES

LOCATION	B	1st	2nd	3rd	4th	ROOF
WATER CLOSETS						
LAUNDRY WASHER						
KITCHEN SINK						
LAVATORIES						
BATH TUBS						
URINALS						
SLOP SINKS						
SHOWERS						
INDIRECT WASTES						
DISH WASHERS						
FLOOR DRAIN						

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 representation 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. ().....

Plumbing Permit

Building Permit No. _____

Date:

Fee: \$

C/A #

NO LEAD SOLDER FOR POTABLE WATER LINES

It shall be unlawful to extend or alter any existing plumbing or install any new plumbing or drainage work until a permit has been duly issued therefore and then only in conformance with the provisions of the Construction Code of the State of N.Y.

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

Plumbing Application Approved by _____

Date _____

White - OFFICE, Green - INSPECTOR, Canary - RESIDENT