



APPLICATION FOR PLUMBING PERMIT

VILLAGE OF FREEPORT DEPT. OF BUILDINGS
46 N. OCEAN AVENUE
FREEPORT, NY 11520
(516) 377-2242

***INSURANCES REQUIRED* (LIABILITY, DISABILITY, & WORKERS COMP)**

DATE: _____ INSPECTOR: _____

APPLICATION #: _____ PERMIT #: _____ EST. COST: \$ _____

I, _____
(PLUMBERS NAME) (ADDRESS)

PHONE #: _____ EMAIL ADDRESS: _____

LICENSED PLUMBER FOR THE VILLAGE OF FREEPORT, NY, DO HEREBY APPLY FOR A PERMIT FROM THE SUPERINDEPENDENT OF BUILDINGS FOR:

1ST FLOOR 2ND FLOOR BASEMENT OTHER _____

INSTALL NEW FIXTURES

REPLACE EXISTING FIXTURES

OTHER: _____

PREMISES LOCATED AT: _____

OWNER/LESSEE NAME: _____

PHONE #: _____ EMAIL ADDRESS: _____

<u>1ST FIVE FIXTURES ARE \$90 (EACH ADDITIONAL FIXTURE IS \$7.50)</u>	<u>\$60 EACH</u>	<u>\$75 EACH</u>	<u>\$90 EACH</u>	<u>\$120 EACH</u>
<input type="checkbox"/> TOILETS <input type="checkbox"/> KITCHEN SINKS <input type="checkbox"/> WASH TUBS <input type="checkbox"/> BATH TUBS <input type="checkbox"/> LAVATORIES <input type="checkbox"/> SHOWER BATH STALL <input type="checkbox"/> URINALS <input type="checkbox"/> DISH WASHER	<input type="checkbox"/> GREASE TRAPS <input type="checkbox"/> WASHER/DRYER MACHINES <input type="checkbox"/> GAS HOT WATER HEATER <input type="checkbox"/> GAS BOILER <input type="checkbox"/> GAS STOVE <input type="checkbox"/> BASEBOARDS <input type="checkbox"/> GAS TEST	<input type="checkbox"/> REMOVAL OF OIL TANK <input type="checkbox"/> ABANDONMENT OF OIL TANK *IF COMMERCIAL, FEE WILL BASED OFF THE COST OF CONSTRUCTION*	<input type="checkbox"/> RECONNECT OF WATER OR SEWER <input type="checkbox"/> DISCONNECT OF WATER OR SEWER <input type="checkbox"/> BACKFLOW DEVICE <input type="checkbox"/> GENERATOR <input type="checkbox"/> OTHER *ALL GENERATORS ARE \$90, IF FOR COMMERCIAL USE, A BUILDING PERMIT IS REQUIRED AND A BUILDING PERMIT FEE WILL APPLY*	<input type="checkbox"/> GAS BOILER & HOT WATER COMBO

IF THIS IS A RECONNECT -- PRIOR TO BACK FILLING, PLEASE CONTACT THE WATER DEPARTMENT: (516) 377-2379.

OIL TO GAS CONVERSION: _____ YES _____ NO
(IF YES, YOU MUST FILE FOR REMOVAL OR ABANDONMENT OF OIL TANK)

APPLICANTS SIGNATURE: _____ DATE: _____

SWORN TO BEFORE ME THIS
_____ DAY OF _____ 20____

NOTARY PUBLIC

MUST CONTACT INSPECTOR FOR ALL REQUIRED INSPECTIONS OR APPEARANCE TICKETS WILL BE ISSUED