

APPLICATION FOR PLUMBING PERMIT

Village of Freeport Dept. of Buildings
46 N. Ocean Ave.
Freeport, N.Y. 11520
(516) 377-2242

Date: _____

Permit No.: _____

I, _____
Name Address

I, licensed plumber for the Village of Freeport, N.Y., do hereby apply for a permit from the Superintendent of Buildings to:

- Install new fixtures at:
Replace existing at:
Other: 1st Floor 2nd Floor Basement

in the premises located at No. _____

Owner
Lessee
Name Address

premises occupied as _____

- No. Fixtures
Toilets
Kitchen sinks
Wash tubs
Bath tubs
Lavatories
Shower bath stall
Urinals
Dish washer
Grease traps
Wash/Dryer machines
Gas hot water heater
Gas boiler
Gas boiler/hot water combo unit
Gas stove
Reconnect of water/sewer service
Disconnect of water/sewer service
Backflow Device
Other

GAS TEST (Please circle if Gas Test is needed)

Permit Fees Are Non-Refundable
FEES:

IF THIS IS A RECONNECT - - PRIOR TO BACK FILLING PLEASE CONTACT THE WATER DEPT AT 516-377-2379.

Yes _____ No _____ Oil to Gas conversion

EST. COST _____

AFFIDAVIT OF CONTRACTOR
STATE OF NEW YORK
COUNTY OF _____

SS:

being duly sworn, deposes and says that he is the contractor employed by the above named owner, owners or lessee authorized to perform the work described; that compensation insurance has been obtained and is in full force and effect in accordance with the provisions of the Workmen's Comp. Law, to wit:

Name of Insurance Co.
Policy No: Expires:
Applicant's Signature:
Address:
Telephone:

Sworn to before me this
day of 20
Notary Public

Above application is hereby approved to install the above described plumbing.

Joseph Madigan
Superintendent of Buildings

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

Inspector:
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