

Inc. Village of Port Washington North

71 Old Shore Road, Port Washington, New York 11050

Tele. 516-883-5900 ----- Fax 516-883-5926

Plumbing permit application

Please print or type clearly

Address of work _____ Port Washington, N. Y. 11050

Section No. _____ Block No. _____ Lot No. _____

Property owner

Licensed Plumber

Name _____

Name _____

Address _____

Company name _____

Address _____

Tele. No. _____

Tele No. _____

Notarized signature

Notarized signature

NOTARY

NOTARY

Brief description of proposed work: _____

New water piping _____

Fixtures

Gas piping _____
Boiler _____ Gas _____ Oil _____
Water heater _____ Gas _____ Oil _____
Sewer connection _____
New water service _____
Grease trap _____
Indirect waste _____
Fresh air intake _____
Fire rated enclosure _____

	<u>Cellar</u>	<u>1st Fl.</u>	<u>2nd Fl.</u>
Water closets _____			
Urinals _____			
Wash sinks _____			
Bath tubs _____			
Wash tubs _____			
Sinks _____			
Stall showers _____			
Slop sinks _____			
Other _____			

Diagrams may be indicated on the back of this form

Do not write below this space

Inspection record

Roughing _____ Date _____ Inspector _____

Gas line test _____ Date _____ Inspector _____

Final approval _____ Date _____ Inspector _____

**A COPY OF THIS APPLICATION, STAMPED AND SIGNED BY THE BUILDING INSPECTOR
SHALL SERVE AS A PERMIT FOR THE WORK AS INDICATED**

Approved date _____

Permit No. _____

Fee paid _____