



APPLICATION FOR PLUMBING PERMIT

APPLICATION # _____

Address of work _____, Port Washington, NY 11050

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

Property Owner

Licensed Plumber

Name _____

Name _____

Address _____

Company Name _____

Address _____

Tel. No. _____

Tel. No. _____

Notarized Signature

Notarized Signature

Notary

Notary

Brief description of proposed work: _____

New Water Piping _____

Gas piping _____

Boiler _____ Gas _____ Oil _____

Water Heater _____ Gas _____ Oil _____

Sewer Connection _____

New Water Service _____

Grease Trap _____

Indirect Waste _____

Fresh Air Intake _____

Fire Rated Enclosure _____

Fixtures

Cellar

1st Fl.

2nd Fl.

Water Closets	_____	_____	_____
Urinals	_____	_____	_____
Wash sinks	_____	_____	_____
Bath tubs	_____	_____	_____
Wash tubs	_____	_____	_____
Sinks	_____	_____	_____
Stall showers	_____	_____	_____
Other	_____	_____	_____

Diagrams may be indicated on the back of this form

Do not write below this space

Permit No.: _____

Fee Paid: _____