

The 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 _____

Tele. No. _____

Tele No. _____

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Notarized signature

NOTARY

NOTARY

Brief description of proposed work: _____

New water piping _____

Fixtures

Gas piping	Gas	Oil
Boiler	_____	_____
Water heater	_____	_____
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 _____