



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	1 st Fl.	2 nd 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: _____