



# Plumbing Permit Application

## PLEASE SUBMIT THE FOLOWING ITEMS:

- (3) Copies of the Plumbing Permit Application (*must be signed*)
- Survey with Proposed Construction (*must be drawn, indicating dimensions, etc.*)
- Specifications for manufacturers equipment (if applicable) for all equipment being installed
- Any new or altered piping requires a riser diagram

## WHEN USING A CONTRACTOR PLEASE SUPPLY THE FOLLOWING ITEMS:

- Workman's Compensation Insurance
- Certificate of Liability Insured to the Incorporated Village of Patchogue
- Copy of Contractor & Plumbers license

*\*Building/Plumbing permit fees to be determined and calculated by the Building Inspector upon review of plans. **If work has begun without a building permit, fees will be doubled.** \**

\*Prior to the issuance of a Certificate of Occupancy, it will be necessary to provide the building department with the following:

- Final construction and/or plumbing inspection by the Building Inspector
- Electrical Underwriter's Certificate when applicable
- Suffolk County Health Department approval when applicable
- Final survey when applicable



**OFFICE USE ONLY**

# Plumbing Permit Application

SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

## FOR OFFICE USE ONLY

Plumbing Permit # \_\_\_\_\_ Plumbing Permit Fee \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

## PROPERTY LOCATION

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Plumber: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License No: \_\_\_\_\_

License Town/County: \_\_\_\_\_

## DESCRIPTION OF PLUMBING WORK

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## H.V.A.C. SYSTEMS

Type of Heating System \_\_\_\_\_ Fuel \_\_\_\_\_

Hot Water Heater Size \_\_\_\_\_ Fuel \_\_\_\_\_

Boiler/Furnace Make & Model \_\_\_\_\_

Oil/Propane Tank Size \_\_\_\_\_ Gal. Location \_\_\_\_\_

A/C Unit Make & Model \_\_\_\_\_

Split System (Heat Pump) Make & Model \_\_\_\_\_

Fire Protection Sprinklers \_\_\_\_\_ Yes \_\_\_\_\_ No

Size of Main \_\_\_\_\_ Inches

FIXTURE COUNT	BSMT	1 <sup>st</sup> FLR	2 <sup>nd</sup> FLR
Water Closet			
Lavatory			
Bathtub			
Shower Stall			
Urinal			
Kitchen Sink			
Dishwasher			
Gas Stove			
Gas Cooktop			
Refrigerator			
Washing Machine			
Gas Dryer			
Gas Fireplace			
Service Sink			
Floor Drain			
Boiler			
Furnace			
Hot Water Heater			
Other Fixtures			

Plumbers Signature \_\_\_\_\_

Date: \_\_\_\_\_