

VILLAGE OF BAYVILLE BUILDING DEPARTMENT
 34 SCHOOL STREET, BAYVILLE N.Y. 11709
 TELEPHONE 516-628-1247

APPROVED _____

DATE _____

PERMIT NUMBER _____

PLUMBING PERMIT APPLICATION

FEE \$ _____

SECTION _____ BLOCK _____ LOT(S) _____ RESIDENTIAL _____ COMMERCIAL _____

OWNER'S NAME _____ SITE ADDRESS _____

HOME ADDRESS _____

STATE _____ ZIP _____

HOME PHONE _____ CELL _____

Is this application associated with a Building Permit No ____ Permit # _____

PROPOSED PLUMBING FIXTURES

CHECK ALL THAT APPLY

FIXTURES	BASEMENT	1 ST FLOOR	2 ND FLOOR	3 RD FLOOR	
BATHROOM SINK					NUMBER OF PROPOSED HALF BATHS
TOILET					NUMBER OF PROPOSED FULL BATHS
BIDET					
STALL SHOWER					Gas oven
BATHTUB					Gas generator
KITCHEN SINK					Gas heating
WET SINK					Oil heating
Dish washer					Gas dryer
Washing machine					Gas hot water heater
Hot water heater					Gas stove
Fire sprinklers					Gas fireplace
Floor drains					Oil Tank
Hose bibs					Pot bell stove
Slop sink					Gas barbecue
Back flow					Fryer
					Propane
TOTAL PLUMBING FIXTURES					

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VILLAGE OF BAYVILLE BUILDING DEPARTMENT
34 SCHOOL STREET, BAYVILLE N.Y. 11709
TELEPHONE 516-628-1439

[Empty rectangular box for Permit Number]

PERMIT NUMBER

APP. BY _____

DATE _____

PLUMBING PERMIT APPLICATION page 2

SECTION _____ BLOCK _____ LOT(S) _____ RESIDENTIAL _____ COMMERCIAL _____

OWNER'S NAME _____ SITE ADDRESS _____

HOME ADDRESS _____

STATE _____ ZIP _____

HOME PHONE _____ CELL _____

PLUMBER'S NAME _____ CELL _____

DESCRIBE APPLICATION

HOME OWNER/AGENT SIGNATURE

DATE



34 School Street
Bayville, New York 11709
Tel: 516-628-1439 Fax: 516-628-3740

PLUMBER'S SELF-CERTIFICATION OF COMPETENCY AS MASTER OR EMPLOYING PLUMBER

NAME OF COMPANY: _____

BUSINESS ADDRESS: _____

PHONE NUMBER: _____

NAME OF PLUMBER: _____

ADDRESS: _____

BAYVILLE LICENSE NUMBER: _____ **PLUMBING PERMIT NUMBER:** _____

MUNICIPALITY WHERE MASTER LICENSE WAS ISSUED & NUMBER: _____

REQUIREMENTS: An Incorporated Village of Bayville Plumbing License Application was filed with, and approved by, the Building Department.

A Plumbing Permit Application was filed with the Building Department.

PLUMBER'S CERTIFICATION:

I _____ (Master Plumber) do hereby certify that _____ (Company Name)

has installed/inspected _____

_____ (Description of Work)

at _____ (Address of Property)

for _____ (Property Owner Name.)

The work described above has been done in accordance with the New York State Uniform Fire Prevention and Building Code & all applicable Village of Bayville Local Laws and Ordinances. I have performed the necessary gas line tests and certify that they have passed in accordance with all applicable codes.

The Incorporated Village of Bayville Reserves the right to audit the work completed to determine that the work was done to code and that fair and just pricing principles were followed.

SWORN TO BEFORE ME THIS

Day of _____

SIGNATURE & DATE

NOTARY