Incorporated Village of East Rockaway

Buildings Department

376 Atlantic Ave P.O. Box 189

East Rockaway, NY 11518-0189 Tel: (516) 887-6310 • Fax: (516) 887-6311

Email: buildings@villageofeastrockaway.org

Site: www.villageofeastrockaway.org

Instructions for Filing a Plumbing Permit Application

Complete an Application for a Plumbing Permit form; supply all relevant information including names, addresses, and phone numbers of the owner and plumber. The application shall state an estimated construction cost. This application must be signed by the plumber.

A complete packet with all necessary information listed below must be submitted or the application will not be accepted.

We also need:

- A complete **Application for a Plumbing Permit** with all appropriate information.
- Two copies of the Floor Plans, **ONLY** if the Plumbing Permit is not associated with a Building Permit.
- There is a permit fee based on the fixture count and/or the type of fixtures being installed.
- Mechanical Permit when Applicable.
- A completed "Contact Information" form.
- A Photo ID of the plumber.

Insurance requirements for contractors:

A current Plumbing License along with copies of current certificates of insurance showing coverage for Liability and Workers' Compensation must be supplied (listing the *Inc. Village of East Rockaway, 376 Atlantic Avenue, East Rockaway, NY 11518* as the Certificate Holder). NOTE: The Workers Compensation cannot be on an Acord Form. Only the certificate provided by NYS is acceptable.

APPLICATION FOR A PLUMBING PERMIT

Name of Plumber	ü	illinate sure recent		Address:					
Name of Company:									
Phone No.:									
<u>Please Note</u> : A Copy of Plumber's Liability Insurance, Worker's Compensation Insurance (or waiver), a Current Plumber's License (This Village Reciprocates with the Trl-Town Agreement), and photo ID of the plumber Must be Submitted w/ this application.									
Job Location:	n: Owners Name:								
_	Phone No.:								
Village Section: Block: Lot(s):									
Owner's Address if Different:									
Owner's Addres	s if Different;								
D : .: CT	17 1								
Description of V	// ork:								
	×								
New Work: Relocating: Maintaining Renovating:							ıg:		
Project Cost:		otovating					J		
				74					
	T 0 T	0.11	Fixture C		3rd Floor	4th Floor	Garage		
Sink	Outside	Cellar	1st Floor	2nd Floor	3rd Floor	41111001	Garage		
Toilet									
Tub									
Shower	-				+	·			
Wash machine									
Dryer									
Gas Boiler					-				
Gas HWH	-								
Oil Boiler									
Oil HWH	1								
Stove	-								
Pool heater	+								
Othory	-		ļ						
Other:					<u> </u>	L .			
The undersigned all provisions an Rockaway and th	d requirements of	of the New Y	ork State Unit	formed Plumbi	als and fixture ng Code, the	s, and agrees to Code of the V	o comply with fillage of East		

INCORPORATED VILLAGE OF



EAST ROCKAWAY

DEPARTMENT OF BUILDING, ZONING AND CODE ENFORCEMENT P.O. BOX 189 EAST ROCKAWAY, N.Y. 11518-0189 PHONE: (516) 887-6310

FAX: (516) 887-6311

Superintendent of Buildings Juan A. Garcia, P.E., C.F.M. Village Engineer

John F. Felbinger

CONTACT INFORMATION

ject Address:
ner (or Owners representative):
Address: (if different from above)
Day Time Telephone Number:
E-mail address:
chitect/Engineer:
Address:
Telephone Number:
E-mail address:
neral Contractor:
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	E-mail address:	
Other:	,	
	Address:	
	Telephone Number:	
	E-mail address:	