



## 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](mailto:buildings@villageofeastrockaway.org)

Site: [www.villageofeastrockaway.org](http://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.

**Please note: ALL PLUMBING INSPECTIONS MUST BE SCHEDULED THROUGH [jmontilli@villageofeastrockaway.org](mailto:jmontilli@villageofeastrockaway.org) NOT THROUGH THE BUILDING DEPARTMENT.**

#### **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.
- A completed "**Contact Information**" form.

#### **Insurance requirements for contractors:**

All contractors must be registered with the Village. If you are not please fill out a Contractor Registration Application found on our website.

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

## APPLICATION FOR A PLUMBING PERMIT

Name of Plumber: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Phone No.: \_\_\_\_\_

***Please Note: A Copy of Plumber's Liability Insurance, Worker's Compensation Insurance (or waiver), a Current Plumber's License (This Village Reciprocates with the Tri-Town Agreement), and photo ID of the plumber Must be Submitted w/ this application.***

Job Location: \_\_\_\_\_ Owners Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Village Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Owner's Address if Different: \_\_\_\_\_

Description of Work: \_\_\_\_\_

New Work: \_\_\_\_\_ Relocating: \_\_\_\_\_ Maintaining \_\_\_\_\_ Renovating: \_\_\_\_\_

Project Value: \_\_\_\_\_

### Fixture Count

	Outside	Cellar	1st Floor	2nd Floor	3rd Floor	4th Floor	Garage
Sink							
Toilet							
Tub							
Shower							
Wash machine							
Dryer							
Gas Boiler							
Gas HWH							
Oil Boiler							
Oil HWH							
Stove							
Pool heater							
BBQ							
Other: _____							

The undersigned hereby applies for a permit to install the above listed materials and fixtures, and agrees to comply with all provisions and requirements of the New York State Uniformed Plumbing Code, the Code of the Village of East Rockaway and the Nassau County Tri-Town Plumbing agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



INCORPORATED VILLAGE OF  
**EAST ROCKAWAY**

DEPARTMENT OF BUILDING, ZONING  
AND CODE ENFORCEMENT

376 ATLANTIC AVE, PO BOX 189  
EAST ROCKAWAY, NY 11518-0189  
PH: 516-887-6310 FAX: 516-887-6311

[www.villageofeastrockaway.org](http://www.villageofeastrockaway.org)

e-mail: [Buildings@villageofeastrockaway.org](mailto:Buildings@villageofeastrockaway.org)

Terrence Riecker  
Superintendent of Buildings

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

**CONTACT INFORMATION**

Project Address: \_\_\_\_\_

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

Address: (if different from above) \_\_\_\_\_

Day Time Telephone Number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**Owners Representative** (in any) \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**Architect/Engineer:** \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

e-mail address \_\_\_\_\_

**Contractor:** \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

e-mail address \_\_\_\_\_

# CONTACT INFORMATION

**Plumber:** \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

e-mail address \_\_\_\_\_

**Mechanical:** \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

e-mail address \_\_\_\_\_

**Electrical:** \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

e-mail address \_\_\_\_\_

**Other:** \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

e-mail address \_\_\_\_\_