



Revised 2/29/24

BUILDING DEPARTMENT
TOWN OF EAST HAMPTON

300 Pantigo Place – Suite 104
East Hampton, New York 11937

BUILDING INSPECTOR'S OFFICE

Phone: (631) 324-4145

PLUMBER SOLDER AND ANIT-SCALD CERTIFICATION
(TO BE COMPLETED BY PLUMBER – IF INSTALLER

BUILDING PERMIT NO.: _____ DATE: _____

LOCATION OF SUBJECT PREMISES: _____

S.C.T.M. #: _____

PLUMBER: NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

SUFFOLK CO. LICENSE NO.: _____

I hereby certify that the solder used in connection with the above-referenced Building Permit conforms to the requirements of the Suffolk County Department of Health.

(Signature of Plumber)

Sworn to before me this _____

Day of _____, 20____.

County _____

(Notary)

OWNERS SOLDER AND ANIT-SCALD CERTIFICATION
(TO BE COMPLETED BY OWNER – IF INSTALLER)

I hereby certify that I am the Owner of the property for which the above-referenced Building Permit was issued, and have installed the domestic water lines in accordance to the regulation regarding solder of the Suffolk County Health Department. This residence is for my own personal use and is not being constructed for sale.

(Signature of Owner)

Sworn to before me this _____

Day of _____, 20____.

County _____

(Notary)