NOTE: This application is to be made out in duplicate.

It shall be unlawful to extend or alter any existing plumbing or install any new plumbing or drainage work until a permit has been duly issued therefore and then only in conformance with the provisions of the Sanitary Code.

Village of Cedarhurst

Application No. _____

Date Recevied _____

Application For Plumbing Permit

FOR BUILDING - ALTERATIONS - AND ADDITIONS

Issued Pursuant to the Provisions of the Building Zone Ordinance
Sanitary Code and Building Code of the
VILLAGE OF CEDARHURST, NASSAU COUNTY, N.Y.

Zone _____ Checked _____ Section _____ Block _____ Lots _____

Location _____

Residence _____ No. of Families _____ Other _____ Business _____

New Building _____ Alteration _____ Repair _____

Size of lot-Feet Front _____ Feet Deep _____

Size of existing buildings-Feet Front _____ Feet Deep _____ % of lot occupied _____

Size of proposed buildings-Feet Front _____ Feet Deep _____ % of lot occupied _____

Existing buildings used for _____ Proposed buildings used for _____

General description of proposed work _____

_____

FIXTURES

LOCATION	C	1st	2nd
Water Closets			
Laundry Tubs			
Kitchen Sink			
Lavatories			
Bath Tubs			
Urinals			
Slop SInks			
Showers			
Indirect Wastes			
Dish Washers			
Others			

In consideration of the granting of the permit requested the applicant agrees to comply with all the rules and regulatioms of the Sanitary and Building Codes and the Building Zone Ordinance of the Village of Cedahurst, and with every other provision of the Ordinances of the Village of Cedarhurst and with every other provision of law relating to the erection or alteration of said building.

APPLICATIONS FOR PLUMBING PERMITS WILL BE EXAMINED AS SOON AFTER FILING AS VOLUME OF BUSINESS ALLOWS. NO WORK IS TO BE STARTED UNTIL PLUMBING PERMIT HAS BEEN RECEIVED BY APPLICANT.

No. of Fixtures _____ Total Fee Paid _____

DO NOT WRITE IN THIS SPACE

Fees _____

Payment Type _____

Receipt # _____

Check # _____

PLUMBING DIAGRAM

SECTION TO BE FILLED OUT BY OWNER OF PROPERTY

Owners Name _____

Owners Address _____

Owners Signature _____

VOC License No. _____ Company Name _____

Contact Name _____ Contact Phone No. _____

Business Address _____

STATE OF NEW YORK,
COUNTY OF NASSAU,

) ss.:

_____ , being duly sworn, deposes and says:
That he resides at _____ , in the City, Village or Town of _____
County of _____ , State of _____ that he is the Master Plumber for the property heretofore described and set forth in this application; that the work is to be done on the premises in accordance with the statement in writing, and the plans of such proposed work.

_____
Master Plumber

Sworn to before me this _____

_____ day of _____ , 20 _____

_____
Notary Public, Nassau County, N.Y.