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