



# VILLAGE OF EAST HILLS

INCORPORATED JUNE 24, 1931

209 Harbor Hill Road, East Hills, New York 11576  
Telephone (516) 621-5600 • Fax (516) 625-8736

## APPLICATION FOR PLUMBING PERMIT

**Project Location:** \_\_\_\_\_

**Section:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot(s):** \_\_\_\_\_ **Zone:** \_\_\_\_\_

- Type of Building:  Residential  Commercial
- Does this building have existing gas service?  Yes  No
- Will you be converting to gas service?  Yes  No  
 Propane  Utility Co.

4. Owner(s): \_\_\_\_\_

*If owner is a corporation, state name of officer authorized to make this application:* \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

5. Plumber (Company Name): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Village of East Hills Plumbers License #: \_\_\_\_\_

APPLICATION FEES: Plumbing Only: \$75 + \$25 per fixture  
Other Fixtures or Other + Plumbing: \$100 + \$25 per fixture

**STATE OF NEW YORK, COUNTY OF NASSAU, ss.:** I hereby certify that I am a master plumber duly licensed by the Village of East Hills for the current calendar year; that all the required insurances on file with the Village are enforced; and that I will keep my license and all insurances current and in force for the duration of the project. I certify that I will abide by all rules and regulations of the Village of East hills. I acknowledge that all work shall be in accordance with the Village of East Hills Building Code and the Uniform Code of the State of NY, and that it shall be unlawful to extend or alter any existing plumbing or install any new plumbing or sanitary drainage work until a permit has been duly issued therefore and then only in conformance with the provisions of the Code.

Signature of Master Plumber: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

Notary Public: \_\_\_\_\_

PLUMBING FIXTURES	B	1ST	2ND	EXT.
Water Closet/ Toilet/ Bidet/ Urinal				
Lavatory/ Sink				
Bath Tub				
Shower				
Kitchen Sink				
Dish Washer				
Ice Maker Line				
Slop Sink				
Washing Machine				
Indirect Waste				
Others (Specify) _____				
OTHER FIXTURES	B	1ST	2ND	EXT.
Gas Range				
Gas Dryer				
Gas Fireplace				
Gas Fire Pit				
Gas BBQ				
Boiler <input type="checkbox"/> Gas <input type="checkbox"/> Oil				
Hot Water Heater <input type="checkbox"/> Indirect <input type="checkbox"/> Gas <input type="checkbox"/> Oil				
Pool Heater <input type="checkbox"/> Gas <input type="checkbox"/> Oil				
Generator <input type="checkbox"/> Gas <input type="checkbox"/> Oil				
Others (Specify) _____				
<b>Total # of fixtures to be installed:</b>				
Plumbing: _____ Gas: _____ Oil: _____				

<b>FOR BUILDING DEPARTMENT USE ONLY</b>	Associated BP# _____
	Application Fee \$ _____
	Receipt # _____
<b>Plumbing Permit No.</b> _____	<b>Date Issued:</b> _____