

INCORPORATED VILLAGE OF OYSTER BAY COVE  
BUILDING DEPARTMENT  
68 WEST MAIN ST., OYSTER BAY, NEW YORK 1771  
(516) 922-1071  
APPLICATION FOR PLUMBING FIXTURES  
APPLICATION MUST BE TYPEWRITTEN OR PRINTED IN INK LEGIBLY.

SECTION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

OWNER:  
\_\_\_\_\_  
NAME STREET ADDRESS POST OFFICE ZIP PHONE#

PLUMBER:  
ADDRESS OF CONSTRUCTION:  
IF DIFFERENT FROM ABOVE NO. & STREET POST OFFICE ZIP

LOCATION OF PROPERTY:  
  
N.E.S.W. SIDE OF: \_\_\_\_\_ FEET  
(STREET) (DIMEN)  
  
N.E.S.W. OF \_\_\_\_\_  
(STREET) (POST OFFICE)  
  
N.E.S.W. OF \_\_\_\_\_ corner of \_\_\_\_\_ and \_\_\_\_\_  
(STREET) (STREET&POST OFFICE)

TYPE OF BUILDING:

PROPOSED: \_\_\_\_\_ MAINTAINED: \_\_\_\_\_

FIXTURE COUNT: \_\_\_\_\_ **Draw schematic diagram below-must indicate type of piping, Size, runs, & venting:**

	B	1st	2nd	
Water Closet				
Lavatory				
Bath Tub				
Shower				
Kitchen Sink				
Dish Washer				
Washing Machine				
Slop Sink				
Indirect Waste				
Urinal				
Other				

PLUMBER’S INFO: \_\_\_\_\_ Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

LICENSE #: \_\_\_\_\_  
NAME(Print): \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
Phone#: \_\_\_\_\_  
Acknowledged: \_\_\_\_\_

Master Plumber (Signature) \_\_\_\_\_ Notary Public