

**INCORPORATED VILLAGE OF UPPER BROOKVILLE**  
**BUILDING DEPARTMENT**  
 PO Box 600, Oyster Bay, New York 11771  
 (516) 624-7715 Ext. 2  
**APPLICATION FOR PLUMBING FIXTURES**

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

OWNER/  
 LESSEE:

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				
Laundry Tub				
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