



PLUMBING/HVAC PERMIT
Town of Islip Building Division
1 Manitton Ct., Islip, NY 11751
www.islipny.gov

- Islip Town Plumber's License Required
 (Plumber's Paperwork must be *Current* in Town File)

PROPERTY OWNER

Name _____
 Address _____
 _____ Zip _____
 Telephone _____
 E mail address _____

ALL QUESTIONS MUST BE ANSWERED
DO NOT INCLUDE EXISTING FIXTURES

- 1) Plumbing Permit – Fill in Boxes on Right ►
 Riser diagram required by Licensed Contractor.
- 2) Commercial & Industrial – Plumbing and/or
 HVAC must have 3 sets of plans signed and
 sealed by architect.
- 3) Will there be gas piping? Yes No
 Where? _____
 *Mercury test by the Town will be required
 *Gas Piping permits require a gas riser diagram
 drawn on the Plumber's letterhead.
- 4) HVAC *Air Conditioning permits require
 diagram of duct work.
- 5) Will there be **MEDICAL GAS PIPING?** Yes No
 (Master Plumbers License and Certifications required) – see (*)

- Residential
- Commercial
- Heat
- Air Cond.
- Dom Hot Water
- Lawn Sprinkler

PROPERTY LOCATION (must be provided)

Tenant _____ Unit # _____
 Street _____
 Nearest **Cross Street** _____
 Distance from Cross Street _____

Side of Street N S E W
 Direction from Cross St. N S E W
 If on Corner NE SE SW NW

I swear that this application is a true and complete record of all proposed Plumbing work on the described premises, that I have in effect all required insurance, including Workers Compensation Insurance and that I presently possess a Valid Islip Plumbing License.

NAME _____
 (PRINT)

NAME _____
 (PRINT)

 SIGNATURE OF PROPERTY OWNER

 SIGNATURE OF TOWN LICENSED PLUMBER

Town License # _____ Tel. # _____

***Must provide all certification numbers for installers on job site to be verified by Plumbing Inspector (List on back)**

Sworn to before me this ___ day of _____ 200__

Sworn to before me this ___ day of _____ 200__

 Notary Public Signature

 Notary Public Signature

Important: Please be advised that by submitting the within application to the Town of Islip for the requested purpose, you, as the applicant, acknowledge and agree that a modification or addition may be made to your Certificate of Occupancy/Compliance. No further notice of any resultant modification or addition shall be required.

Office Use Only				
0500- _____				
Address _____				
Town _____				
Date Filed _____				
Approved by _____				
Fee _____		Receipt Number _____		
Date Issued _____		By _____		Expires _____
A permit shall expire one (1) year after the date of issuance. Upon payment of the proper fees, a permit may be renewed, but no more than three (3) consecutive renewals may be granted.				

Only # of New & Relocated Fixtures	Bsmt/ Cellar	1 st	2 nd	3 rd
Toilet/Water Closet				
Bath. Sink/Lavatory				
Tub/Shower				
Kitchen Sink				
Washing Machine				
Dish Washer				
Urinal				
Grease Trap				
Bidet				
Whirlpool Tub				
Future Outlets				
Other				