



**Town of Islip**  
**Department of Planning and Development**  
**Building Division – Administration Department**  
One Manittou Court, Islip, NY 11751  
Phone (631) 224-5464 • Fax (631) 224-5462

**Plumbers' Examining Board**  
James Lange, Chairman  
Sean Conlon  
Peter Russo  
Michael Barone  
Dale A. Gross  
Michael Montiglio  
Linda Stone, Secretary  
LStone@islipny.gov

**REQUIREMENTS FOR CHANGING PLUMBERS BUSINESS INFORMATION**

In order to change your business name or address, please submit the documentation requested below to the Town of Islip Building Administration Department, One Manittou Court, Islip NY 11751

**Change of Business Address:**

1. Proof of business address:
  - a. If Plumber leases the building/office space:
    - i. Signed copy of lease agreement
    - ii. Paid rent receipt – or – cancelled rent check
  - b. If Plumber owns the building:
    - i. Copy of tax bill showing ownership
2. Two utility bills with new address
  - a. If utilities are included in the monthly rent, a notarized letter from the landlord stating so must be provided.
3. Liability, Workers Compensation and Disability insurances with the new address
4. Notarized letter on new letterhead stating that the business address has changed from old address to new address

**Change of Business Name:**

1. Registration of Incorporation papers and minutes of shareholders K-1 form
2. Two utility bills with the new business name
3. Liability, Workers Compensation and Disability insurances with the new address
4. Notarized letter on new letterhead stating that the business name has changed from old name to new name

**New Business:**

1. Registration of the business with New York State Department of State with corporate seal/stamp
2. Two utility bills with new business name
3. Liability, Workers Compensation and Disability insurances with the new address
4. Notarized letter on new letterhead stating that you have opened a new business and are no longer affiliated with the old business

**\*INSURANCE:**

All Insurance Certificates must be insured to the business address under the plumber's name or business name. ACORD Forms are **not** acceptable proof of NYS Worker's Compensation or Disability benefits insurance coverage.

- **Liability Insurance** – The Town of Islip must be listed as Certificate Holder **and** Additional Insured. Coverage must be listed at \$1,000,000 for each accident and property damage; \$1,000,000 for each person; and \$1,000,000 for each accident providing coverage for liability arising out of plumbing operations conducted in the Town of Islip.
- **NYS Workers Compensation Insurance** - Town of Islip must be listed as Entity Requesting Proof of Coverage. Acceptable forms include NYS Form C-105.2, NYS GSI-105.2 (2/02), NYS Form U-26.3, or if exempt, a **signed & dated** NYS Form CE-200.
- **NYS Disability Insurance** – The Town of Islip must be listed as the Entity Requesting Proof of Coverage. Acceptable forms include NYS Form DB-120.1, DB-155, or if exempt, a **signed and dated** NYS Form CE-200.