



Town of Islip
Department of Planning and Development
Plumbers' Examining Board
 655 Main Street, Islip, NY 11751
 Phone (631) 224-5360 • Fax (631) 224-5365

Plumbers' Examining Board
 James Lange, Chairman
 Sean Conlon
 Peter Russo
 Anthony DiFede
 Michael Barone
 James Alcus
 Dale A. Gross

Linda Stone, Secretary
 LStone@IslipNY.gov

Application for Limited Plumber's License

Type of Business: _____

Pursuant to the provisions applicable to the New York State Construction Code for Plumbing, I hereby apply for a Limited Plumber's License.

Applicant's Full Name: _____

Home Address: _____
House No. Street Town State Zip

Home Phone: () Cell Phone: ()

Email Address: _____

Business Name: _____

Business Address: _____
No. Street Town State Zip

Business Phone: () Business Fax: ()

1. How long have you been engaged in the above occupation? _____
2. Are you currently licensed to conduct this business with another Town or Village? (check one) Yes No
 If yes, where? Town of, Village of _____
 Please attach a letter from the Plumber's Board of the Town/Village you are licensed with.
3. Has your company, any predecessor company, or you personally, ever been denied a license or had a previously issued license revoked? (check one) Yes No
 If yes, where? _____ When? _____ Why? _____
4. Are you presently conducting business or doing work on your own account? (check one) Yes No
5. Have you read and do you understand the Plumbing and Drainage Rules and Regulations of the Town of Islip (New York State Plumbing Code 2015)? (check one) Yes No

6. Name and address of Licensed Plumbers who have employed you as a plumber at any time during the past five years:

1. Name: _____
Licensed Plumbers Full Name Company Name

Address: _____
No. Street Town State Zip

Employed from: _____ to: _____
Hire Date Employment End Date

2. Name: _____
Licensed Plumbers Full Name Company Name

Address: _____
No. Street Town State Zip

Employed from: _____ to: _____
Hire Date Employment End Date

3. Name: _____
Licensed Plumbers Full Name Company Name

Address: _____
No. Street Town State Zip

Employed from: _____ to: _____
Hire Date Employment End Date

COUNTY OF SUFFOLK
STATE OF NEW YORK

I hereby declare, under oath, that I fully understand and have answered in my own handwriting, all of the above questions truthfully; that I am the person to be examined and that I have affixed my signature to this application.

Signature: _____

Print Name: _____ Date: _____

Sworn to before me this _____ day
of _____ 20_____

Notary Public
Name: _____