



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

Plumbers' Examining Board
James Lange, Chairman
Sean Conlon
Peter Russo
Joseph Bruno
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Michael Barone
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Linda Stone, Secretary
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Requirements for Changing Plumbers Business Information

All documents must be submitted to Building Administration for review before any updates can be made.

Change of Business Address:

1. Lease/Rent or Ownership Documentation:
 - a. **If Plumber rents/leases the building/office space:**
 - i. Signed copy of lease/rental agreement
 - ii. Rent receipt – or – cancelled rent check
 - b. **If Plumber owns the building:**
 - i. Copy of tax bill showing ownership
2. Two utility bills – or – a phone bill and utility bill 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

Liability: ACORD form, \$1,000,000 for each accident, property damage, person (“included” is acceptable), and each accident providing coverage for liability arising out of plumbing operations conducted in the Town of Islip. Town of Islip must be names as Additional Insured and Certificate Holder

Worker’s Compensation: NYS Form C-105.2, U-26.3, GSI-105.2 –or – if self-employed, signed and dated CE-200

Disability Insurance: NYS Form DB-120.1, DB-155 – or – if self-employed, signed and dated CE-200
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 – or – a phone bill and utility bill with new business name
3. Liability, Workers Compensation and Disability insurances with the new address

Liability: ACORD form, \$1,000,000 for each accident, property damage, person (“included” is acceptable), and each accident providing coverage for liability arising out of plumbing operations conducted in the Town of Islip. Town of Islip must be names as Additional Insured and Certificate Holder

Worker’s Compensation: NYS Form C-105.2, U-26.3, GSI-105.2 –or – if self-employed, signed and dated CE-200

Disability Insurance: NYS Form DB-120.1, DB-155 – or – if self-employed, signed and dated CE-200
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 – or – a phone bill and utility bill with new business name
3. Liability, Workers Compensation and Disability insurances with the new address

Liability: ACORD form, \$1,000,000 for each accident, property damage, person (“included” is acceptable), and each accident providing coverage for liability arising out of plumbing operations conducted in the Town of Islip. Town of Islip must be names as Additional Insured and Certificate Holder

Worker’s Compensation: NYS Form C-105.2, U-26.3, GSI-105.2 –or – if self-employed, signed and dated CE-200

Disability Insurance: NYS Form DB-120.1, DB-155 – or – if self-employed, signed and dated CE-200
4. Notarized letter on new letterhead stating that you have opened a new business and are no longer affiliated with the old business