

Permit No.

Village of Flower Hill
1 Bonnie Heights Road, Manhasset, NY 11030
PLUMBING PERMIT APPLICATION

Owner's Name _____ Property Address _____

Section _____ Block _____ Lot _____

Owner's Phone _____

Plumber's Name _____ Plumber's Address _____

Plumber's Phone _____ License # _____

General Contractor _____ GC Address _____

GC Phone _____

STATE PROPOSED WORK IN DETAIL: _____

TYPE OF WORK:

New ☐ Repair ☐ Gas Service ☐ Gas Boiler ☐ Gas Water Heater ☐ Other Gas
Appliance ☐ Oil Tank ☐ Other Oil Appliance ☐ Water service ☐ HVAC ☐
Other ☐ _____

List fixtures to be installed: Fixture Location

Total Number of fixtures _____

The following affidavit must be completed: By signing below I attest that all statements and facts submitted in these documents are true.

Affidavit to be completed by Owner/Agent

STATE OF NEW YORK
COUNTY OF NASSAU:

_____ Being duly sworn, deposes and says he is
the owner in fee of the property/agent of the property owner described in the foregoing

(choose one)

application and that the statements contained herein are true to the best of his knowledge and belief.

Sworn to me this _____ day of _____ 20____

Signed _____ Notary: _____

☐ COPY OF RECIPROCAL PLUMBERS LICENSE:

Town of North Hempstead, Hempstead or Oyster Bay

☐ INSURANCE CERTIFICATES WITH VILLAGE OF FLOWER HILL NAMED AS
ADDITIONAL INSURED:

☐ A. General Liability (on the Accord Form)

☐ B. Worker's Compensation - if you do not have State Insurance, the Worker's
Compensation must be on form 105.2

☐ C. Disability Insurance on Form DB120.1

CHECK PAYABLE TO THE VILLAGE OF FLOWER HILL

THE FEE IS \$100.00 + \$15.00 PER FIXTURE

**NOTE: THE VILLAGE ORDINANCE, CHAPTER 158 DOES NOT ALLOW
CONSTRUCTION, EXCAVATION, DEMOLITION, ALTERATION OR REPAIR EXCEPT
BETWEEN THE HOURS OF 8:00 AM TO 6:00 PM WEEKDAYS, AND 9:00 AM TO
6:00 PM ON SATURDAY. NO CONSTRUCTION WORK IS TO BE DONE ON SUNDAY
OR FEDERAL HOLIDAYS**

ALL FEES ARE NONREFUNDABLE

DO NOT WRITE BELOW THIS LINE

Permit Fee \$ _____ Paid on _____