

Date _____

TOWN OF RAMAPO

BUILDING AND ZONING DEPARTMENT

LICENSE NO. _____

Licensed Plumbers Name: _____

Plumber's Phone Number: _____

Plumber's Company Name: _____

Company Address: _____

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WORK LOCATION: _____

BUILDING OCCUPANCY: _____

BUILDING PERMIT NUMBER: _____

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FIXTURES TO BE INSTALLED

New Building _____

BATHS () URINALS ()

Alteration _____

LAVS. () SHOW. STALLS ()

Addition _____

WATER CLOSETS () KIT. SINKS ()

Repair _____

LAUNDRY TUB ()

New Service _____

TOTAL NUMBER OF FIXTURES _____

- I UNDERSTAND THAT I MUST CALL FOR ALL INSPECTIONS
- I FURTHER UNDERSTAND THAT PROOF OF WORKER'S COMPENSATION AND LIABILITY INSURANCE MUST BE SUBMITTED TO OUR OFFICE AND MAINTAINED FOR THE DURATION OF THE PROJECT
- FOR ANY PERMIT INVOLVING INSTALLATION OR ALTERATION OF GAS PIPING, O & R MUST BE CONTACTED AND THEIR INTEGRITY TEST RESULTS SUBMITTED TO OUR OFFICE FOR REVIEW

PLUMBER'S SIGNATURE _____

ANYONE MISREPRESENTING THEMSELVES AS A LICENSED PLUMBER IN THE TOWN OF RAMAPO IS SUBJECT TO A \$5,000 FINE AND/OR 15 DAYS IN JAIL.