



BUILDING DEPARTMENT

Inc. Village of Sag Harbor
55 Main St., P.O. Box 660
Sag Harbor, N.Y. 11963
631-725-0224
631-725-4852 FAX
buildingdept@sagharborNY.gov

DEPARTMENT USE ONLY

RECEIVED: _____

SCTM: _____

PLUMBER'S CERTIFICATION

Building Permit No.:	Date:
Owner of Premises:	
Project Street Address:	

Master Plumber's Name:	Master Plumber's Telephone:
Mailing Address:	Fax:
City, State, Zip:	Master Plumber License No.:

Description of work performed at the above-referenced location:

Work excluded from this certification (ie performed by others):

I CERTIFY THAT soldered joints in water distribution piping have been made with fittings approved for water piping and the solders and fluxes used in potable water-supply systems have a maximum of 0.2 percent lead as required by P2904.13 of the Residential Code of New York State.

STATE OF NEW YORK } ss.:
COUNTY OF _____ }

_____ being duly sworn deposes and says that he is the individual above named, he is the **Master Plumber / Homeowner** and is duly authorized to perform or have performed the work described above and to make and file this application AND that all statements contained in this application are true to the best of his knowledge and belief.

Sworn to before me this

_____ day of _____ 20_____

SIGNATURE OF INDIVIDUAL PERFORMING WORK

NOTARY PUBLIC

Notary Public _____ County