

Incorporated

NO. 3731

Village of Farmingdale

361 Main Street, Farmingdale, New York 11735

Tel. 516-249-0093

Sewer Permit Application

NOT VALID UNTIL STAMPED

IMPORTANT — Must be Typewritten or Printed Legibly.

Fee: \$

Date:
C/A #

It is necessary that the owner of any building in the Village of Farmingdale intending to contract to install a sewer connection to Nassau County Sewer system have each Licensed Plumber estimating job fill in form below and submit one copy to the owner and three copies to the Village Clerk when sewer application is submitted.

Owner's Name		Licensed Plumber's Name		License No.	
Address		Address		Tel. No.	
City or Town		Tel. No.		City or Town	
Date		Nearest Intersection Street Name		Blk.	
LOCATION OF JOB		Number and street		Lots	
City or Town		Sec.		Blk.	
NASSAU CO. PERMIT NO. Date		Signature		Master Plumber	
HIGHWAY PERMIT NO.		Sworn to before me this day of 19		Notary Public, Nassau County, N.Y., No.	
HIGHWAY HAS NO JURISDICTION		It shall be unlawful to extend or alter any existing plumbing or install any new plumbing or drainage work until a permit has been duly issued therefor and then only in conformance with the provisions of the Sewer Code of the Village of Farmingdale.			

Type of Residence or Building		<input type="checkbox"/> New building or structure		Multiple Dwelling Industrial or Commercial <input type="checkbox"/>	
One Family <input type="checkbox"/>		Two Family <input type="checkbox"/>			
Will plumbing permit be required for work inside building		Will more than one building be connected to sewer		Will owner engage other Plumber for work inside building	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Install new house trap and/or fresh air vent		Lower house drain		Will industrial waste be emptied into system	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is main vent through roof?		Reverse house drain		Type of pipe to be installed on sewers:	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	A/C <input type="checkbox"/>	C/I <input type="checkbox"/>
Are all plumbing fixtures connected to house drain		Is washing machine properly connected		V/T <input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other <input type="checkbox"/>	
Do you request permission to use anti-syphon trap		Will licensed plumber subcontract part of this job out		Name of fixture where anti-syphon trap will be used:	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Kitchen Sink <input type="checkbox"/>	
I certify the above statements are correct.		Number of pools to be back filled and covers removed		Washing Machine <input type="checkbox"/>	
Owner's Signature		1 <input type="checkbox"/> 2 <input type="checkbox"/>		Lavatory <input type="checkbox"/>	
		3 <input type="checkbox"/> other <input type="checkbox"/>		Other <input type="checkbox"/>	
				Has owner been advised that Certificate of Approval will not be issued until violations are removed. Yes <input type="checkbox"/>	

DO NOT WRITE BELOW THIS LINE

Approved by: _____ Date _____ Building Permit # _____ Plumbing Permit # _____

Inspectors comments: _____ Depth of Spur _____

OFFICE COPY—WHITE; FIELD COPY—CANARY; CUSTOMER'S COPY—PINK; CUSTOMER'S ESTIMATE COPY—GOLDENROD; TOTAL—4 COPIES.