

RECEIPT NUMBER \_\_\_\_\_

RECEIPT DATE \_\_\_\_\_

**PLUMBING APPLICATION**  
**Town of Southampton**  
**116 Hampton Road, Southampton, New York 11968**  
**(631) 287-5700**

**Incomplete Applications Will Not Be Accepted**

Suffolk County Tax # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Street and Number \_\_\_\_\_  
 Hamlet \_\_\_\_\_  
 Owner of Property \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

***Name of Plumbing Contractor responsible for installation:***

Business Name in full: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 County Plumbing Lic.# \_\_\_\_\_ Southampton Town Registration Cert. # \_\_\_\_\_  
 State Use of Premises:     Residential     Commercial     Industrial  
 Nature of Work \_\_\_\_\_

\$5.00 Per Fixture or Item	Basement	First Floor	2nd Floor	Other	Total #	Total Fee \$
kitchen sinks						
dishwashers						
bath tubs						
showers						
lavatories (bathroom sinks)						
water closets (toilets)						
urinals						
slop sinks (utility sinks)						
washing machines						
gas clothes dryer						
gas stove/range						
gas fireplace						
h/w blowers/boilers/space heaters						
hot water supply-oil/gas tankless						
air handlers						
central a. c.						
outside hose bibs						
lawn sprinklers						
(floor) drains						
roof drains						
stacks (no. of)						
inground tank installations						
solar collectors (hot water ONLY)						
other ( )						

**Minimum Plumbing Fee: \$50.00**

\_\_\_\_\_  
**TOTAL                      TOTAL**

**\*\* SUPPLY RISER DIAGRAM AND MATERIAL WITH THIS APPLICATION \*\***

\*\*\*\*\*

\_\_\_\_\_ says that he/she is the applicant named above.  
(Name of individual performing work)

He/She is the \_\_\_\_\_, and is duly authorized to perform or have performed the said work and to  
(Contractor or Owner)

make and file this application: that all statements contained in this application are true to the best of his/her knowledge and belief: and that the work will be performed in the manner set forth in the application and in the plans and specifications filed herewith.

**Read and Check Box**

**False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date