



**Town of Islip**  
**Department of Planning and Development**  
**Plumbers' Examining Board**  
 655 Main Street, Islip, NY 11751  
 Phone (631) 224-5360 • Fax (631) 224-5365

**Plumbers' Examining Board**  
 James Lange, Chairman  
 Sean Conlon  
 Peter Russo  
 Joseph Bruno  
 Anthony DiFede  
 Michael Barone  
 James Alcus

Linda Stone, Secretary  
 LStone@IslipNY.gov

## Application for Limited Plumber's License

Type of Business: \_\_\_\_\_

Pursuant to the provisions applicable to the New York State Construction Code for Plumbing, I hereby apply for a Limited Plumber's License.

Applicant's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House No. Street Town State Zip

Home Phone: (     )     Cell Phone: (     )

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
No. Street Town State Zip

Business Phone: (     )     Business Fax: (     )

1. How long have you been engaged in the above occupation? \_\_\_\_\_
2. Are you currently licensed to conduct this business with another Town or Village? (check one)  Yes  No  
 If yes, where?  Town of,  Village of \_\_\_\_\_  
 Please attach a letter from the Plumber's Board of the Town/Village you are licensed with.
3. Has your company, any predecessor company, or you personally, ever been denied a license or had a previously issued license revoked? (check one)  Yes  No  
 If yes, where? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_
4. Are you presently conducting business or doing work on your own account? (check one)  Yes  No
5. Have you read and do you understand the Plumbing and Drainage Rules and Regulations of the Town of Islip (New York State Plumbing Code 2015)? (check one)  Yes  No

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6. Name and address of Licensed Plumbers who have employed you as a plumber at any time during the past five years:

1. Name: \_\_\_\_\_  
Licensed Plumbers Full Name Company Name

Address: \_\_\_\_\_  
No. Street Town State Zip

Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
Hire Date Employment End Date

2. Name: \_\_\_\_\_  
Licensed Plumbers Full Name Company Name

Address: \_\_\_\_\_  
No. Street Town State Zip

Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
Hire Date Employment End Date

3. Name: \_\_\_\_\_  
Licensed Plumbers Full Name Company Name

Address: \_\_\_\_\_  
No. Street Town State Zip

Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
Hire Date Employment End Date

COUNTY OF SUFFOLK  
STATE OF NEW YORK

**I hereby declare, under oath, that I fully understand and have answered in my own handwriting, all of the above questions truthfully; that I am the person to be examined and that I have affixed my signature to this application.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public

Name: \_\_\_\_\_