



Town of Islip
Department of Planning and Development
Building Division – Administration Department
One Manittion Court, Islip, NY 11751
Phone 631-224-5464 • Fax 631-224-5462

Plumbers Examining Board
James Lange, Chairman
Sean Conlon
Peter Russo
Anthony DiFede
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Linda Stone, Secretary
LStone@IslipNY.gov

REQUIREMENTS FOR CHANGING PLUMBERS BUSINESS INFORMATION

In order to change your business name or address, please submit the documentation requested below to the Town of Islip Building – Administration Department, One Manittion Court, Islip NY 11751.

Change of Business Address:

1. Proof of business address:
 - a. If Plumber leases the building/office space:
 - i. Signed copy of lease agreement
 - ii. Paid rent receipt – or – cancelled rent check
 - b. If Plumber owns the building:
 - i. Copy of tax bill showing ownership
2. Two utility bills with the new address
 - a. If utilities are included in the monthly rent, a notarized letter from the landlord stating so must be provided.
3. Liability, Workers Compensation and Disability insurances¹ with the new address.
4. Notarized letter on new letterhead stating that the business address has changed from old address to new address

Change of Business Name:

1. Registration of Incorporation papers and minutes of shareholders K-1 form
2. Two utility bills with the new business name
3. Liability, Workers Compensation and Disability insurances¹ with the new address.
4. Notarized letter on new letterhead stating that the business name has changed from old name to new name

New Business:

1. Registration of the business with New York State Department of State with corporate seal/stamp
2. Two utility bills with the new business name
3. Liability, Workers Compensation and Disability insurances¹ with the new address.
4. Notarized letter on new letterhead stating that you have opened a new business and are no longer affiliated with the old business

INSURANCE: All Insurance Certificates must be insured to the business address under the plumbers name or business name.

ACORD Forms are not an acceptable proof of NYS Worker's Compensation or Disability benefits insurance coverage.

- **Liability Insurance** – The Town of Islip must be listed as Certificate Holder **and** Additional Insured. Coverage must be listed at \$1,000,000 for each accident and property damage; \$1,000,000 for each person; and \$1,000,000 for each accident providing coverage for liability arising out of plumbing operations conducted in the Town of Islip.
- **NYS Workers Compensation Insurance** – Town of Islip must be listed as Entity Requesting Proof of Coverage. Acceptable forms include NYS Form C-105.2, NYS GSI-105.2 (2/02), NYS Form U-26.3, or if exempt, a **signed & dated** NYS Form CE-200.
- **NYS Disability Insurance** – The Town of Islip must be listed as the Entity Requesting Proof of Coverage. Acceptable forms include NYS Form DB-120.1, NYS Form DB-155, or if exempt, a **signed & dated** NYS Form CE-200.