



**VILLAGE OF SAGAPONACK**

PO Box 600  
3175 Montauk Highway  
Sagaponack, NY 11962  
www.sagaponackvillage.org  
631-537-0017 631-537-0612 (FAX)

**SOLDER AND ANTI-SCALD CERTIFICATION**

Building Permit No. \_\_\_\_\_ Date: \_\_\_\_\_

Property Location: \_\_\_\_\_ Tax Map No.: \_\_\_\_\_

Owner: \_\_\_\_\_  
(please print)

Plumber: Name: \_\_\_\_\_ Suffolk Co. License No. \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the solder used in the water supply system conforms to the requirements of the Suffolk County Department of Health.

I also certify that I installed anti-scald and/or thermal shock preventing device at all bathing and/or showering fixtures in conformance with P 2708.3 of the Residential Code of New York State.

Please Check One.

- I certify I am the licensed plumber that installed all of the plumbing on the above referenced premises.
- I certify I am the homeowner and I personally installed all the plumbing on my above referenced premises.

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

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Signature of Plumber or Homeowner**

If owner is a Corporation, indicate name of corporation and officer's title

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Title of Officer