

VILLAGE OF SAGAPONACK



Department of Building and Zoning
John Woudsma
Building Inspector

Post Office Box 600
Sagaponack, New York 11962
631 – 537 – 0017

SOLDER AND ANTI-SCALD CERTIFICATION

Building Permit No. _____ Date: _____

Tax Map No. _____

Property Location: _____

Owner: _____

(please print)

Plumber: Name: _____ Suffolk Co. License No. _____

Name of Business: _____

Address: _____

Phone No. _____

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.

Signature of Plumber or Homeowner _____

Sworn to me this

_____ Day of _____, 20_____

Notary Public, _____ County

Notary Public