



Town of Hempstead
Department of Buildings
1 Washington Street, Hempstead, N.Y. 11550-4923
(516) 538-8500

AFFIDAVIT OF LICENSED PLUMBER

STATE OF NEW YORK }
COUNTY OF NASSAU } SS:

Being duly sworn, I, _____,
(MASTER PLUMBER NAME)

currently operating at _____,
(BUSINESS ADDRESS) (STATE) (ZIP CODE)

and under Town of Hempstead Master Plumber license number _____ in
good standing deposes and says: that the plumbing installation associated with application
number _____ at _____,
(APPLICATION NUMBER) (WORK SITE ADDRESS)

_____ has been or is to be installed by myself and is in
(WORK SITE HAMLET)

accordance with the approved application noted above and associated approved construction documents. I make this affidavit with the full knowledge that the Department of Buildings relies upon the truth of the statements herein contained, and in relying thereon to complete their review.

Email Address _____

Plumber's signature _____ Date _____

Sworn to before me this ____ day of _____ 20 ____

Notary Public Signature