



Town of Brookhaven Long Island, New York

Department of Public Safety
John Meehan, Commissioner

LPG SUPPLY LINE INSTALLATION CERTIFICATION

PERMIT #:

DATE: _____

PERMIT APPLICANT (LPG INSTALLATION COMPANY):				
APPLICANT ADDRESS			APPLICANT PHONE: ()	
PLUMBER: SAME AS APPLICANT (ABOVE)		OTHER (SPECIFY):		
PLUMBER ADDRESS:				
PLUMBER PHONE: ()				
INSTALLATION LOCATION/ADDRESS			TAX MAP NO:	SEC
PROPERTY OWNER			BLK	LOT
TYPE OF LPG TANK:	HYDROSTATIC TEST DATE:	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> NEW INSTALLATION	NUMBER OF TANKS:
		<input type="checkbox"/> BELOW GROUND	<input type="checkbox"/> EXISTING INSTALLATION	CAPACITY (GALLONS-H ² O):
PIPING CONSTRUCTION/SIZE:				

CHECK ALL EXISTING AND NEWLY INSTALLED COMBUSTION APPLIANCE(S):

HEATING EQUIPMENT HOT WATER HEATER FIREPLACE/INSERT FREE-STANDING STOVE
 POOL HEATER KITCHEN OVEN/STOVE CLOTHES DRYER BBQ GRILL
 OTHER (SPECIFY): _____

Test Pressure _____ **Test Duration** _____ **Results:** _____

I, _____, certify that I am the licensed plumber (License # _____) that installed all gas supply lines for the above referenced premises in connection with the application to install Liquefied Petroleum Gas with which this LPG SUPPLY LINE INSTALLATION CERTIFICATION is being submitted. I further certify that pressure testing was conducted by me, or under my direct supervision, and that the results thereof, as indicated on this document, are true and accurate, and installed in accordance with Sections 404 and 406 of the FGCNYS.

Plumber Signature

Date

STATE OF NEW YORK }
COUNTY OF SUFFOLK } ss:

On this _____ day of _____, 20 ____ before me personally came _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he executed same.

Notary Public