



Town of Brookhaven Long Island

SOLDER CERTIFICATION AND ANTI-SCALD CERTIFICATION

Building Permit No. _____ **Date:** _____

Address: _____
(Please Print)

Owner: _____
(Please Print)

Tax Map Number: _____

Plumber: _____
(Please Print)

- I certify that the solder used in the water supply and distribution system contains less than 2/10 of 1% lead as required in section 605.15.3 of the Plumbing Code of New York State.
- I certify that the water distribution system was installed without the use of any soldered joints.
- I certify that I installed an anti-scald and/or thermal shock preventing device at all bathing and/or showering fixtures in conformance with section 424.4 of the Plumbing Code of New York State to mitigate the potential hazards due to shower valves that allowed surges of high temperature water to flow from the showerhead.

Please Check One.

- I certify I am the licensed plumber (License # _____) that installed all of the plumbing for the above referenced building permit.
- I certify I am the homeowner and I personally installed all the plumbing for the above referenced building permit. * **Applicable only for one & two family dwellings. (Not for Commercial use.)**

I affirm that all information provided in this document is true and factual.

False statements made herein are punishable as a Class "A" misdemeanor pursuant to Section 210.45 of the Penal Law.

Plumber or Homeowner Signature

State of New York, County of _____

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

Notary Public State of New York

Building Division
Beth Reilly, Esq., Commissioner
Tara McLaughlin, Deputy Commissioner
Angus Graham, Chief Building Inspector
One Independence Hill, Farmingville, NY 11738 • Phone 631-451-6333 • Fax 631-451-6341



Town of Brookhaven Long Island

GAS SUPPLY LINE TEST CERTIFICATION

Building Permit No. _____ Date: _____

Job Site Address: _____
(Please Print)

Owner: _____
(Please Print)

Plumber: _____
(Please Print)

I certify that the Gas supply lines have been installed and tested in accordance with the Fuel Gas Code of New York State including section 404 and 406.

Installation:

- Residential Installation
- Commercial Installation

Please Check Combustion Appliance Installed:

- | | |
|--|--|
| <input type="checkbox"/> Heating Equipment | <input type="checkbox"/> Kitchen Range |
| <input type="checkbox"/> Hot Water Heater | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fireplace/Stove | <input type="checkbox"/> Other _____ |

Test Pressure: _____ Test Duration: _____ Pass Fail

Comments: _____

I certify I am the licensed plumber (License # _____) that installed all Gas supply lines on the above referenced premises.

I affirm that all information provided in this document is true and factual.

False statements made herein are punishable as a Class "A" misdemeanor pursuant to Section 210.45 of the Penal Law.

Plumber Signature

State of New York, County of _____

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

Notary Public State of New York

Building Division

Beth Reilly, Esq., Commissioner
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(SOLDER CERTIFICATION ON BACK)