



**TOWN OF OSSINING**  
**BUILDING & PLANNING DEPARTMENT**

101 ROUTE 9A, P.O. Box 1166

OSSINING, N. Y. 10562

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Website [www.townofossining.com](http://www.townofossining.com)

Email: [bldgdept@townofossining.com](mailto:bldgdept@townofossining.com)

**PLUMBING CERTIFICATION**

BUILDING PERMIT # \_\_\_\_\_

PLUMBING CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WESTCHESTER COUNTY LICENSE # \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

NATURE OF WORK: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF FIXTURES: \_\_\_\_\_

I hereby certify that the above work is in compliance with Title 19, NYCCR, Plumbing Code of the New York State Fire Prevention and Building Code.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Plumber Signature)

Plumber's certification must be accompanied by Copy of Plumber's Westchester County License.