



**VILLAGE OF OSSINING  
BUILDING DEPARTMENT  
OSSINING OPERATIONS CENTER**

P.O. Box 1166  
Ossining, N. Y. 10562  
(914) 941-3199  
FAX (914) 762-6813

**LICENSED PLUMBER'S CERTIFICATION**

Building Permit #: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Westchester County License # \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Description of work being certified: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of fixtures: \_\_\_\_\_

Location of fixtures: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above work is in compliance with the 2015 International Plumbing Code Requirements.

\_\_\_\_\_  
Building Official's Signature

\_\_\_\_\_  
Plumbing Contractor's Signature

Date \_\_\_\_\_

As of April 1, 1998, Plumber's Certification must be accompanied by a copy of the Plumber's license.

cc: Assessors Office