

# VILLAGE OF SAGAPONACK



Department of Building and Zoning  
John Woudsma  
Building Inspector

Post Office Box 600  
Sagaponack, New York 11962  
631 - 537 - 0017

## SOLDER AND ANTI-SCALD CERTIFICATION

Building Permit No. \_\_\_\_\_ Date: \_\_\_\_\_  
Tax Map No. \_\_\_\_\_  
Property Location: \_\_\_\_\_

Owner: \_\_\_\_\_  
(please print)

Plumber: Name: \_\_\_\_\_ Suffolk Co. License No. \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_

I certify that the solder used in the water supply system conforms to the requirements of the Suffolk County Department of Health.

I also certify that I installed anti-scald and/or thermal shock preventing device at all bathing and/or showering fixtures in conformance with P 2708.3 of the Residential Code of New York State.

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Please Check One.

- I certify I am the licensed plumber that installed all of the plumbing on the above referenced premises.
- I certify I am the homeowner and I personally installed all the plumbing on my above referenced premises.

Signature of Plumber or Homeowner \_\_\_\_\_

Sworn to me this  
\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Notary Public, \_\_\_\_\_ County

\_\_\_\_\_  
Notary Public