

APPLICATION TO TAKE EXAMINATION FOR  
PLUMBERS LICENSE  
VILLAGE OF FREDONIA, NEW YORK

\$25.00 Examination Fee  
\$150.00 Application and First Year  
License Fee (Fee must accompany application)

TO: The Plumbing Board  
Village of Fredonia, New York

I hereby make application to take the examination for a Plumbers License in the Village of Fredonia, New York.

EVERY QUESTION MUST BE ANSWERED

1. NAME \_\_\_\_\_ TELE. NO. \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

3. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

4. ARE YOU NOW OPERATING A PLUMBING BUSINESS (IF NO, EXPLAIN) \_\_\_\_\_

5. BUSINESS NAME \_\_\_\_\_ TITLE \_\_\_\_\_

6. ADDRESS \_\_\_\_\_ NO. OF YEARS \_\_\_\_\_

7. LIST OTHER PLUMBERS LICENSES HELD:

LOCALITY

LICENSE NUMBER

8. EXPERIENCE:

EMPLOYER

TELE. NO.

YEARS

JOB DESCRIPTION

9. EDUCATION

NAME

CITY

NO. YEARS

DEGREE OR CERTIFICATE

Elementary \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

10. REFERENCES (at least three)

<u>NAME</u>	<u>ADDRESS</u>	<u>TELE. NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Have you ever been refused a license? \_\_\_\_\_ Have you ever had a license revoked or suspended? \_\_\_\_\_ If the answer is yes to either of these questions, given full particulars. \_\_\_\_\_

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

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STATE OF NEW YORK        )  
COUNTY OF CHAUTAUQUA)  
VILLAGE OF FREDONIA     )

I hereby declare, under oath, that I have answered all of the above questions truthfully; that I am the person who will take the examination and that I have affixed my signature to this application.

Signed \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

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

FOR OFFICE RECORD USE ONLY

Application No. \_\_\_\_\_ Date Received \_\_\_\_\_ Fee Received \_\_\_\_\_

Date received by Plumbing Board \_\_\_\_\_

Report of Investigation \_\_\_\_\_

Action of Plumbing Board: Referred for Exam \_\_\_\_\_ Date \_\_\_\_\_

Returned to applicant \_\_\_\_\_ Date \_\_\_\_\_

EXAM REPORT

Result of Examination \_\_\_\_\_

\_\_\_\_\_  
Signature of Examiner

LICENSE

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairman

VILLAGE CLERK

Applicant Notified \_\_\_\_\_ Date \_\_\_\_\_

License No. \_\_\_\_\_ Date \_\_\_\_\_

TO: ALL VILLAGE LICENSED PLUMBERS  
FROM: CHARLES J. LABARBERA, CHIEF INSPECTION OFFICER  
DATE: DECEMBER 10,2024  
RE: WATER AND SEWER LICENSE RENEWAL FOR 2025

In order to renew your Village of Fredonia Water and Sewer License for 2023, it will be necessary for you to provide this office with a Certificate of Insurance showing general liability insurance in the amount of at least One Million Dollars (\$1,000,000.00) covering both bodily injury and property damage, or the equivalent, and Workman's Compensation Insurance as required by law, and a renewal request signed by licensee (see below), **along with a \$100.00 renewal fee.**

If you have employees, a form (C105.2 or U-26.3), from the State Compensation Board stating you have Worker's Compensation and Disability Insurance (form DB120.1), is required. If you have no employees, a form (CE-200) from the State Compensation Board stating you are not required to have Worker's Compensation Insurance or Disability Insurance is required. You are required to file the CE-200 each time you get a building permit for any job you perform. These forms are required before we can issue a license. The "Accord Form" is not acceptable for proof of Worker's Compensation and Disability Insurance in New York State.

**This information is due by December 31, 2024. A special handling fee after December 31, 2024 will be \$250.00. NO EXCEPTIONS. All license renewals will be presented to the Plumbing Board of the Village of Fredonia for review at their December meeting.**

**NO WORK SHALL BE COMMENCED UNTIL A WATER AND SEWER PERMIT IS AUTHORIZED BY THE SUPERINTENDENT OF PUBLIC WORKS AND A PERMIT IS OBTAINED.**

I \_\_\_\_\_ hereby request renewal of my Village of Fredonia Water and Sewer License for 2023.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Telephone Number

\_\_\_\_\_  
Cell Phone No.

\_\_\_\_\_  
Date

**When your policy expires, it is your responsibility to make sure this office has your new policy. Failure to submit this information will result in your license being revoked.**