

PLUMBING PERMIT-GENERAL INFORMATION

PLEASE COMPLETE BOTH SIDES OF PERMIT APPLICATION IN DUPLICATE

FEES

PLUMBING-ALTERATION BUS/RES.	\$ 75.00	INCL. THREE FIXTURES \$ 25.00 EACH ADD'L FIXTURE
PLUMBING-BACKFLOW DEVICE	\$ 50.00	
PLUMBING-COMM'L HEATING/COOLING EQUIP.	\$100.00	PER UNIT
PLUMBING-DRAINAGE POOL	\$100.00	
PLUMBING-FUEL TANK/WASTE OIL	\$ 50.00	RESIDENTIAL PER TANK
PLUMBING-FUEL TANK/WASTE OIL	\$100.00	COMMERCIAL UP TO 1500 GALS
PLUMBING-FUEL TANK/WASTE OIL	\$500.00	COMMERCIAL OVER 1500 GALS
PLUMBING-GAS FIXTURE	\$ 75.00	INCL. ONE FIXTURE \$40.00 EACH ADD'L FIXTURE
PLUMBING-GAS/OIL BURNER	\$ 75.00	RESIDENTIAL PER UNIT
PLUMBING-GAS TEST	\$ 75.00	FOR PIPING
PLUMBING-GAS METER	\$ 50.00	NEW OR REPLACEMENT
PLUMBING-LICENSES-RECIPROCAL	\$ 50.00	NASSAU/TRI TOWN (SEE OTHER APP'L.)
PLUMBING-LICENSES-RECIPROCAL	\$135.00	OTHER THAN NASSAU ISSUE (SEE OTHER APP'L.)
PLUMBING-PERMIT RENEWAL (12 MONTH MAX)		FIRST SIX MONTH RENEWAL= 75% OF ORIGINAL PERMIT FEE ADD'L THREE MONTHS (SIX MONTH MAX)=50% OF ORIG PERMIT FEE
PLUMBING-RE-INSPECTION	\$ 75.00	AFTER SECOND FAILED INSPECTION
PLUMBING-SEWER CONNECTION	\$ 75.00	
PLUMBING-SPRINKLER-BUILDING	\$ 75.00	MINIMUM FIRST HEAD PLUS \$1.00 EACH ADD'L HEAD
PLUMBING-WATER METER	\$ 75.00	NEW OR ADDITIONAL

1. No application will be accepted for processing or submission to the Village Plumbing Inspector for consideration by anyone other than a licensed plumber holding a valid plumber license issued by the Village of New Hyde Park and has submitted a notarized Solder, Lead Content Affidavit.
2. Fee MUST be paid at the time application is filed with the Plumber of records business check.
3. All fees are non-refundable.
4. All blanks on the application are to be filled in. If an item is "not applicable" note as N/A. Leave no blanks. *** PLEASE PRINT***
5. All applications are subject to plumbing Inspector and/or Building Dept. approval.
6. No license or permit will be issued if the applicant, business, or principle of the corporation submitting the application has any outstanding unpaid violations due the Village.
7. The permit issued by the Village Clerk must be readily available for review by any Village designated authority.
8. All permits issued are valid for one (1) year from date of issue and must be renewed, if work is not completed in a timely fashion, to avoid late filing fees.
9. All new work, alterations and replacements must be in compliance with the New York State Uniform Fire Prevention and Plumbing Code with regard to water saving devices and all requirements as set forth in that code.
10. The application must contain a written description of the work to be performed. New residential or commercial work requires a copy of the plot plan (survey) showing the location of drainage or location of external devices such as HVAC units.
11. Nassau County Assessment form (sample attached) must be completed for all alterations and new work.
12. Street address as well as Section, Block, and Lot(s) must appear on all applications.

EXPLANATION OF INSPECTIONS: ALL MAY NOT APPLY TO YOUR PERMIT.

1. Rough Inspection- Includes underground piping, piping in walls, floors and ceilings.
2. Gas test for gas lines and meter sets.
3. Final Inspection-upon completion of job.
4. Re-Inspection if violations are found and have to be corrected.

24 HOUR NOTIFICATION IS REQUIRED FOR ALL INSPECTIONS

CALL FOR AN APPOINTMENT WITH THE PLUMBING INSPECTORS @ 516-354-0818 MONDAY THROUGH FRIDAY 9:00 AM -4:00 pm

PLUMBING PERMIT-GENERAL INFORMATION

***** See General Information Sheet for Information and Requirements*****

COMPLETE BOTH SIDES OF THIS APPLICATION

DATE: _____
PROPERTY INFORMATION: SECTION: _____ BLOCK: _____ LOT(S): _____
OWNER'S LAST NAME: _____ FIRST NAME: _____
ADDRESS: _____ E-MAIL: _____
HOME PHONE: _____ BUSINESS/CELL PHONE: _____

APPLICANT'S LAST NAME: _____ FIRST NAME: _____
ADDRESS: _____ E-MAIL: _____
HOME PHONE: _____ BUSINESS/CELL PHONE: _____
DESCRIPTION OF WORK: _____

ADDRESS LOCATION OF PERMIT ACTIVITY: _____
CHECK ALL THAT APPLY: NEW DWELLING: _____ ALTERATION: _____ ADDITION: _____
OTHER (EXPLAIN): _____

PROPERTY INFORMATION:

IS THIS PERMIT TO LEGALIZE AN EXISTING STRUCTURE? YES: _____ NO: _____
ESTIMATED COST OF PROPOSED WORK: _____
PRESENT USE OF BUILDING: RESIDENTIAL: _____ BUSINESS: _____ INDUSTRIAL: _____

PLUMBER:

NAME: _____ LIC. #: _____
BUSINESS NAME: _____ PHONE NUMBER: _____
BUSINESS ADDRESS: _____ E-MAIL: _____

DO NOT WRITE BELOW -FOR OFFICE USE ONLY

ROUGH INSPECTION: DATE: _____
GAS TESTS: DATE: _____
FINAL INSPECTION: DATE: _____
RE-INSPECTIONS: DATE: _____
COMMENTS: _____

OFFICE USE ONLY

TOTAL FEE: _____
PAID: _____ DATE: _____
BALANCE PAID: _____ DATE: _____
PERMIT #: _____ DATE ISSUED: _____

APPROVED (STAMP & SIGNATURE)

INDICATE NUMBER OF PROPOSED FIXTURES

	BASEMENT	FIRST FLOOR	SECOND FLOOR	COST PER.	TOTAL COST
WATER CLOSET					
URINALS					
WASH BASINS					
BATH TUBS					
SHOWERS					
SINKS					
SLOP SINKS					
DISH WASHERS					
WATER CONNECTION					
FUEL/WASTE OIL TANK					
WATER METER					
LAWN SPRINKLER SYS. (BACKFLOW)					
GAS METER					
GAS PIPING					
BACK FLOW DEVICE					
HOT WATER HEATER					
OIL BURNER					
GAS BURNER					
STOVE					
DRYER					
DRAINAGE POOL					
SEWER CONNECTION					
OTHER					
OTHER					
TOTAL COST \$					

INC. VILLAGE OF NEW HYDE PARK, BUILDING DEPARTMENT, OWNER'S AUTHORIZATION

I (we) hereby certify that:

1. I agree to permit the Building Inspector and any officer or employee of the Village of New Hyde Park to enter upon the premises in the discharge of their duties with this application.
2. Approved plans and a copy of approved permit will remain on the premises at all times until Certificate of Occupancy/Approval is issued. These plans will be made available to the Building Inspector.
3. Building Inspector will be given a minimum of 48 hours notice to make the required inspection and no work will continue until such inspection has been completed and approved.
4. Owner or his representative will be responsible to arrange for all required inspections.

State of New York }
 County of Nassau }

Property Owner-Please Print _____

Property Owner-Signature _____

Sworn to me this _____ day of _____ 20_____

Signature of Notary Public _____



**BUILDING PERMIT
COMMERCIAL OR MIXED USE PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

Town, City, Village of: _____

DATE REC'D (Assessor Use Only)

SECTION	BLOCK	LOT(S)	SCH DIST	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building: N.E.S.W. SIDE OF (OR CORNER OF) _____ N.E.S.W. SIDE OF _____

ADDRESS OF PROPERTY _____
 CITY, TOWN, VILLAGE _____ ZIP _____

ESTIMATED COST OF CONSTRUCTION: _____

DATE TO BEGIN _____ PRINCIPLE TYPE OF CONSTRUCTION _____
 DATE TO COMPLETE _____ STEEL
 LOT SIZE S.F. _____ MASONRY
 # BLDGS ON LOT _____ OTHER

Check one: OWNER OR LESSEE
 NAME OF BUSINESS _____
 CONTACT PERSON _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE _____
 EMAIL _____

If you wish to group or apportion lots, please call 616-671-1500 for more information.

DESCRIPTION OF WORK IN DETAIL (PLEASE PRINT CLEARLY)

CHECK ALL THAT APPLY		USE BY SIZE AND FLOOR																								
<input type="checkbox"/> NEW BUILDING	<table border="1"> <tr><th>SIZE</th><th>QUANTITY</th></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table>	SIZE	QUANTITY	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	BSMT	EXISTING S.F. AREA		PROPOSED S.F. AREA	
SIZE		QUANTITY																								
_____		_____																								
_____		_____																								
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_____		_____																								
_____	_____																									
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	Use	Size SF	Use	Size SF																						
<input type="checkbox"/> DEMOLITION	1ST	_____	_____	_____	_____																					
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	1ST additional use	_____	_____	_____	_____																					
<input type="checkbox"/> OTHER (Describe) _____	2ND	_____	_____	_____	_____																					
<input type="checkbox"/> FAÇADE	UPPER FLOORS	_____	_____	_____	_____																					
<input type="checkbox"/> BASEMENT RENOVATION/ALTERATION	TOTAL # FLOORS	_____	_____	_____	_____																					
<input type="checkbox"/> HVAC	Use additional use in comments section																									
<input type="checkbox"/> ROOF	Residential Use		Existing # Units	Existing Sq. Feet	Proposed # Units	Proposed Sq. Feet																				
<input type="checkbox"/> PLUMBING	CO-OP <input type="checkbox"/>	_____	_____	_____	_____																					
<input type="checkbox"/> ELEVATORS	CONDO <input type="checkbox"/>	_____	_____	_____	_____																					
<input type="checkbox"/> SPRINKLERS	RENTAL <input type="checkbox"/>	_____	_____	_____	_____																					
<input type="checkbox"/> SOLAR	Studios	_____	_____	_____	_____																					
<input type="checkbox"/> ANTENNA	1BDRM	_____	_____	_____	_____																					
<input type="checkbox"/> BILLBOARD	2BDRM	_____	_____	_____	_____																					
<input type="checkbox"/> SATELLITE DISH	3BDRM	_____	_____	_____	_____																					
	4 BDRM	_____	_____	_____	_____																					
	OTHER	_____	_____	_____	_____																					
	Describe	_____	_____	_____	_____																					

COMMENTS

Approved By _____
 Date of Granting of Permit _____
 SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING
 Signature of Applicant/Contact Person _____
 FIELD REPORT ON REVERSE Please Print Name _____ Tele # _____

Township _____
 School District _____
 Section _____
 Block _____
 Lots _____
 Date _____



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

NBHD# (ASSESSOR USE ONLY)
DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)	N.E.S.W. SIDE OF
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	ZIP	CONTACT PERSON/OWNER
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ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
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PERMIT EXP DATE	<input type="checkbox"/> STEEL	EMAIL
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LOT SIZE S.F.	<input type="checkbox"/> MASONRY	IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION
# BLDGS ON LOT	<input type="checkbox"/> FRAME	

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)
*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY	DOES RESIDENCE HAVE THE FOLLOWING
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> BASEMENT FINISH 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	

PROPOSED TOTAL PLUMBING FIXTURES				
FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

NUMBER OF EXISTING AND PROPOSED BATHS			
NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS	
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS	

HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES	
NEW C/O NEEDED	YES <input type="checkbox"/> NO <input type="checkbox"/>
VARIANCE OBTAINED	YES <input type="checkbox"/> NO <input type="checkbox"/>
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES <input type="checkbox"/> NO <input type="checkbox"/>
SURVEY ENCLOSED	YES <input type="checkbox"/> NO <input type="checkbox"/>

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE OF GRANTING OF PERMIT _____	Signature of Applicant/Contact Person - Sign & Print
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING	Address of Applicant/Contact Person _____ Telephone _____

TOWN
SCHOOL DISTRICT
SECTION
BLOCK
LOT(S)
CA # OR BLDG #
UNIT #
DATE