



**DEPARTMENT OF BUILDINGS  
PLUMBING PERMIT APPLICATION**

<b>PLUMBING</b>	
Plumbing Permit	P-
Gas Permit	G-
Oil Permit	OIL-
Permit Issue Date	
Assoc. Building Permit	

**Filing Status:** (Check all that apply) Incomplete applications will not be accepted

Proposed - New       Proposed - Replacement       Maintain (year built \_\_\_\_\_)

Plumbing       Gas Equipment/Piping       Oil Equipment/Piping

**Property Information:**

Property Address:

Section:      Block:      Lot:      Zone:       Residential       Commercial

Existing:     Single Family       2-Family       Commercial/Business       Other:

**Description of Work:**

**Fixture/Appliance Count:**

Fuel Type     Gas     LP Gas     Oil

Location	Number of Fixtures			Total
	B	1 <sup>st</sup>	2 <sup>nd</sup>	
<b>Fixture Type</b>				
Water Closet				
Lavatory				
Bathtub				
Shower				
Bidet				
Urinal				
Kitchen Sink				
Sink - Other				
Grease Trap				
Indirect Waste				
Dishwasher				
Laundry Tub				
Washing Machine				
Sprinkler Head				
Floor Drain				
Drinking Fountain				
Other:				
<b>Total</b>				

Location	Number of Appliances				Total
	B	1 <sup>st</sup>	2 <sup>nd</sup>	Roof	
<b>Equipment Type</b>					
HVAC Unit					
Furnace					
Boiler					
Water Heater					
Storage Tank					
Stove					
Oven					
Dryer					
Generator					
Gas Fire Place					
Pool Heater					
Barbeque					
Steamer					
Roof Top Heater					
Unit Heater					
Infrared Heater					
Other:					
<b>Total</b>					

Schematic plumber diagram is required for domestic supply and sanitary piping.

Fire Marshall approval required for all fire sprinkler systems.



## DEPARTMENT OF BUILDINGS PLUMBING PERMIT APPLICATION

<b>Oil Tank information:</b>				
Existing Tank Location: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> No Existing Tank				
Proposed Tank: <input type="checkbox"/> Replacement <input type="checkbox"/> New <input type="checkbox"/> Abandonment <input type="checkbox"/> Removal <small>(Nassau County Department of Health Approval Required for Tank Abandonment or Removals)</small>				
<b>Estimated Cost of Construction:</b>				
\$				
<b>Property Owner Information:</b>				
Last Name:		First Name:		
Mailing Address:		City:	State:	Zip:
Phone Number:		Email:		
<b>Applicant Information:</b> <input type="checkbox"/> Owner is Applicant				
Last Name:		First Name:		
Mailing Address:		City:	State:	Zip:
Phone Number:		Email:		
<b>Design Professional Information:</b>				
Last Name:		First Name:		<input type="checkbox"/> RA <input type="checkbox"/> PE
Company Name:			NYS License Number:	
Company Address:		City:	State:	Zip:
Phone Number:		Email:		
<b>Plumber Information:</b>				
Last Name:		First Name:		
Company Name:			Floral Park License Number:	
Company Address:		City:	State:	Zip:
Phone Number:		Email:		
<b>Electrician Information:</b> <input type="checkbox"/> No Electrical Work <input type="checkbox"/> Electrician information will be submitted at a later date				
Last Name:		First Name:		
Company Name:			Floral Park License Number:	
Company Address:		City:	State:	Zip:
Phone Number:		Email:		



## DEPARTMENT OF BUILDINGS PLUMBING PERMIT APPLICATION

<b>Property Owner Statement &amp; Signature:</b>			
The undersigned affirms that I am the owner of the property described herein, situated, lying and being within the Incorporated Village of Floral Park; that I have read and understand all items as here in stated, recognize that I am responsible for all activities occurring on the property, and that failure to comply with any of the items, notwithstanding any other items defined in the Village Code, may result in the temporary suspension or permanent revocation of the permits issued for construction on the premises in accordance with the Village Code. I hereby give consent to the listed applicant to make the application on my behalf for permit to perform said work.			
Print Name:	Signature:	Date:	
<b>Plumber Statement &amp; Signature:</b>			
The undersigned, being duly sworn, deposes and says that "The foregoing are all the alteration of repairs proposed to make to the building herein referred to and described; and hereby stipulates that all provisions of the Building and Village Code shall be complied with in the alteration or repair of said building, whether specified herein or not.			
Print Name:	Signature:	Date:	
<b>Notary:</b>			
On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the person described in as the plumber/applicant and who executed the foregoing instrument and has acknowledged to me that he/she executed the same.			
			_____ Notary Public
<b>Building Department Use Only:</b>			
<input type="checkbox"/> Plumbing Permit Fee:	Receipt:	Plumbing Permit Fee Calculation \$50 for the first 3 fixtures, \$10 each additional Gas Permit Fee Calculation \$50 for the first appliance, \$10 each additional Oil Permit Fee Calculation \$50 each per oil burner and water storage tank	
<input type="checkbox"/> Gas Permit Fee:	Receipt:		
<input type="checkbox"/> Oil Permit Fee:	Receipt:		
Permit Review Approval:	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<b>Required Inspections:</b>			
<input type="checkbox"/> Roughing <input type="checkbox"/> Gas Pressure Test <input type="checkbox"/> Water Pressure Test <input type="checkbox"/> Third-Party Electrical Certificate <input type="checkbox"/> Final <input type="checkbox"/> Other _____			

**Permit Conditions:** The following conditions must be met before a Certificate of Occupancy or Completion can be issued:

- The Floral Park Building Department must be made aware of all field changes prior to or at the time of the change. Work is NOT to continue until an amended permit is filed and approved with the Building Department.
- All work is to be left exposed until inspected and approved by the Floral Park Building Department. Work closed up prior to inspection approval will need to be exposed for inspection at the owner's cost.
- Electrical certificates must be filed at the completion of the work.
- All Architectural Review Board approvals, Board of Trustee resolutions, and Special Use approvals are valid for 6 months.
- The Plumbing Permit is valid for 6 months, unless construction has started. If started, the permit is valid for 12 months from the date of issuance. Should the permit expire a permit renewal application, along with updated drawings and permit fee, must be filed and approved by the Building Department.



**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 \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_

CITY, TOWN, VILLAGE \_\_\_\_\_ ZIP \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_

WORK MUST BEGIN BY \_\_\_\_\_ PRINCIPLE TYPE OF CONSTRUCTION

PERMIT EXP DATE \_\_\_\_\_

LOT SIZE S.F. \_\_\_\_\_

# BLDGS ON LOT \_\_\_\_\_

**Check one**

OWNER OR  LESSEE

NAME OF BUSINESS \_\_\_\_\_

CONTACT PERSON/OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**IF YOU WISH TO GROUP OR APPORTION LOTS  
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION**

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"/> <b>BASEMENT FINISH</b> 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  NO

VARIANCE OBTAINED YES  NO

CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES  NO

SURVEY ENCLOSED YES  NO

**PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE**

DATE OF GRANTING OF PERMIT \_\_\_\_\_

Signature of Applicant/Contact Person - Sign & Print \_\_\_\_\_

Address of Applicant/Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

**SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING**

**FIELD REPORT ON REVERSE**

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