

**DEPARTMENT OF BUILDINGS  
BUILDING PERMIT GUIDELINES  
AND REQUIREMENTS**

The following is a guide to assist you in obtaining a Building Permit for your project.  
Any questions regarding the permit process can be answered from 8:30 am – 4:30 pm, Monday to Friday by contacting the  
Building Department at 516.326.6319 or [FPBuildings@FPVillage.org](mailto:FPBuildings@FPVillage.org)  
The Building Department is located at 1 Pool and Garage Road, Floral Park, NY

**Interior Projects**

- Building Permit Application – One (1) Copy (signed and notarized)
- Plumbing Permit Application (if work includes plumbing) – One (1) Copy (signed and notarized)
- Mechanical Permit Application (if work includes mechanical work) – One (1) Copy (signed and notarized)
- Filing Fee: \$50 nonrefundable, cash or check only
- Construction Drawings Drawn to Scale – Three (3) sets collated and stapled, must include:
  - Title block including the address of the property and the name and contact information for the design professional
  - A north arrow, scale and date on all drawings
  - Floor plans with dimensions clearly showing proposed new and removed walls, room names, and ceiling heights
  - Sections and details
  - Plumbing fixture locations and riser diagram
  - Building code compliance information including regional design criteria
  - Energy code compliance certification statement on drawing or Res Check certification
  - Stamped and sealed by a NYS Registered Architect or Engineer.
- Recent Survey of the Property and Survey Certification Affidavit if document is greater than 1 year old - One (1) Copy
- Truss Type Construction Notice - One (1) Copy
- Required Inspections Form - One (1) Copy
- Nassau County Assessors Form - One (1) Copy

**New Buildings, Additions or Renovations that Involve Work on the Exterior of the Building  
After Architectural Review Board Approval is Received (See Separate Application)**

- Building Permit Application – One (1) Copy (signed and owners authorization notarized)
- Plumbing Permit Application (if work includes plumbing) – One (1) Copy (signed and owners authorization notarized)
- Mechanical Permit Application (if work includes mechanical work) – One (1) Copy (signed and owners authorization notarized)
- Filing Fee: \$50 nonrefundable, cash or check only
- Construction Drawings Drawn to Scale – Three (3) sets collated and stapled, must include:
  - Title block including the address of the property and the name and contact information for the design professional
  - A north arrow, scale and date on all drawings
  - A site plan showing the driveway and all structures including setbacks to property lines.
  - Full zoning analysis
  - Floor plans with dimensions clearly showing proposed new and removed walls, room names, and ceiling heights
  - Exterior elevations showing floor heights and ridge height from grade
  - Sections and details
  - Plumbing fixture locations and riser diagram
  - Building code compliance information including regional design criteria
  - Energy code compliance certification statement on drawing or Res Check certification
  - Stamped and sealed by a NYS Registered Architect or Engineer
- Recent Survey of the Property (less than a year old) or Survey Certification Affidavit - One (1) Copy
- Truss Type Construction Notice - One (1) Copy
- Required Inspections Form - One (1) Copy
- Nassau County Assessors Form - One (1) Copy



**DEPARTMENT OF BUILDINGS  
RESIDENTIAL PERMIT DESIGN CRITERIA**

**THE FOLLOWING INFORMATION IS REQUIRED ON ALL DRAWING SETS SUBMITTED**

**BUILDING CODE COMPLIANCE**

1. When plans or specifications bear the seal and signature of a registered design professional, such registered design professional shall also include a written statement that "These plans conform to the 2015 International Residential Code and the latest NYS Supplements".

**RESIDENTIAL CLIMATIC & GEOGRAPHIC DESIGN CRITERIA**

(Required for all submissions that include structural and/or building envelope work)

Ground Snow Load (psf)	Wind Design			Seismic Design Category	Subject to Damage from		
	Speed (mph)	Special Wind Region	Wind-borne Debris Zone		Weathering	Frost Line Depth	Termite
20	120	No	No	B	Severe	3'-0"	Moderate to Heavy

Winter Design Temperature	Ice Barrier Underlayment Required	Flood Hazards	Air Freezing Index	Mean Annual Temperature
13	Yes	Zone X	496	52.9

**RESIDENTIAL ENERGY CODE COMPLIANCE**

(Required for all submissions that include building envelope and/or HVAC work)

1. Compliance documentation following the prescriptive code or RESCheck certification including the accompanying checklists. (<https://www.energycodes.gov/rescheck>)
2. When plans or specifications bear the seal and signature of a registered design professional, such registered design professional shall also include a written statement that "To the best of my knowledge, belief and professional judgment, such plans or specifications are in compliance with the 2015 International Energy Conservation Code and the latest NYS Supplement".



**DEPARTMENT OF BUILDINGS  
BUILDING PERMIT APPLICATION**

BUILDING	
Tracking Number	
Permit Number	
Permit Issue Date	

<b>Filing Status:</b> (Check all that apply)		Incomplete applications will not be accepted	
<input type="checkbox"/> Proposed	<input type="checkbox"/> Maintain (year built _____)		
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Accessory Structure
		<input type="checkbox"/> Demolition	<input type="checkbox"/> In-Ground Pool
<b>Property Information:</b>			
Property Address:			
Section:	Block:	Lot:	Zone:
		<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
Existing:	<input type="checkbox"/> Single Family	<input type="checkbox"/> 2-Family	<input type="checkbox"/> Commercial/Business
	<input type="checkbox"/> Other:		
Proposed:	<input type="checkbox"/> Single Family	<input type="checkbox"/> 2-Family	<input type="checkbox"/> Commercial/Business
	<input type="checkbox"/> Other:		
<b>Description of Work:</b>			
<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:	



## DEPARTMENT OF BUILDINGS BUILDING PERMIT APPLICATION

<b>Contractor Information:</b> <input type="checkbox"/> Work will be performed by Homeowner (waiver required) <input type="checkbox"/> Contractor 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:		
<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:		
<b>Plumber Information:</b> <input type="checkbox"/> No Plumbing Work <input type="checkbox"/> Plumber 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:		
<b>Zoning Information:</b> (not required for interior projects)				
Total Lot Square Footage (sf):				
Existing	Minimum Side Yard:	Aggregate Side Yard:	Front Yard:	Rear Yard:
	Lot Coverage (sf):	Lot Coverage (%):	Rear Lot Coverage (sf):	Rear Lot Coverage (%):
	Total Building Area (sf):	Building Height (stories):	Building Height (ft)	
Proposed	Minimum Side Yard:	Aggregate Side Yard:	Front Yard:	Rear Yard:
	Lot Coverage (sf):	Lot Coverage (%):	Rear Lot Coverage (sf):	Rear Lot Coverage (%):
	Total Building Area (sf):	Building Height (stories):	Building Height (ft)	
<b>Other Permits Required:</b>				
<input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical/Electrical <input type="checkbox"/> Demolition <input type="checkbox"/> Other				
<b>Other Approvals Required:</b>				
<input type="checkbox"/> Architectural Review Board <input type="checkbox"/> Board of Zoning Appeals <input type="checkbox"/> Board of Trustees				



## DEPARTMENT OF BUILDINGS BUILDING 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 a 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>Applicant 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 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"/> Filing Fee: \$50	Receipt:	Building Permit Fee Calculation \$100 for the first \$1,000 of Construction Costs, \$10 each additional \$1,000	
<input type="checkbox"/> Building Permit Fee:	Receipt:		
<input type="checkbox"/> C of C Fee: \$50	Receipt:		
Approvals:			
Zoning Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
Permit Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
ARB Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Resolution Date:	
BZA Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Resolution Date:	
BOT Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Resolution Date:	

**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.
- A foundation location survey must be submitted for a new house, garage or a commercial building BEFORE the structure is framed and a final survey must be submitted at completion.
- An updated survey must be submitted at completion for all new buildings and in-ground pools.
- All Architectural Review Board approvals, Board of Trustee resolutions, and Special Use approvals are valid for 6 months.
- The Building Permit must be posted and visible from the street for the duration of the construction process.
- The Building 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.



## DEPARTMENT OF BUILDINGS REQUIRED INSPECTIONS

INSPECTIONS	
Permit Number	
Date of Issuance	
Expiration Date	

This form must be signed and submitted with the Building Permit Application

The following required inspections are to be performed by the Building Department. Call 516.326.6319 Monday to Friday, 8:30 am – 4:30 pm to schedule an appointment. Twenty-four-hour notice must be given for each inspection.

<b>Permit Information:</b>			
Owners Name:			
Property Address:			
Description of Work:			
<b>Required Inspections and Certifications:</b>		<i>(to be filled out by Design Professional and/or Department of Buildings)</i>	
<input type="checkbox"/> Excavation (You must call before you dig - dial 811 a minimum of 48 hours before beginning any digging project)			
<input type="checkbox"/> Footing Formwork (Including reinforcement)			
<input type="checkbox"/> Foundation Formwork (Including reinforcement)			
<input type="checkbox"/> Underground Plumbing			
<input type="checkbox"/> Concrete Pour			
<input type="checkbox"/> Backfill			
<input type="checkbox"/> Framing and Sill Plate			
<input type="checkbox"/> Wind Bracing/Strapping			
<input type="checkbox"/> Plumbing Rough-in (Including firestopping and bracing)			
<input type="checkbox"/> Electrical Rough-in (Including firestopping)		<input type="checkbox"/> Final electrical certificate to be submitted	
<input type="checkbox"/> Gas Pressure Test			
<input type="checkbox"/> Insulation (Sprayed insulation will require certification from installer)			
<input type="checkbox"/> HVAC (Including duct insulation inspection in unconditioned spaces and duct tightness test report)			
<input type="checkbox"/> Air Leakage Testing (Blower door test)			
<input type="checkbox"/> Truss Type Construction Identification			
<input type="checkbox"/> Final (Final inspection shall be made after the building is complete, all plumbing fixtures are in place and connected, and the structure is ready for occupancy)			
<input type="checkbox"/> Final Survey Required (New buildings, in-ground pools)			
It is the responsibility of the contractor and the owner to coordinate all inspections with the Building Department. At the time of inspections, a representative of the contractor must be present. All work must be left exposed until approved by the Building Inspector. Work covered prior to approval by the Building Department will be required to be exposed.			
<b>Special Inspections Inspector:</b> (Commercial Applications Only)			
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>Applicant Statement &amp; Signature:</b>			
I agree to permit the Building Inspector and any officer or employee of the Village of Floral Park to enter the premises in the discharge of their duties in accordance with this application, the NYS Building Code and the Floral Park Village Code.			
Print Name:	Signature:		Date:

A Building 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.



## DEPARTMENT OF BUILDINGS APPROVED ELECTRICAL CERTIFICATE ISSUERS

For all projects involving electrical work, the Electrician is required to hold a current Electricians License with the Village of Floral Park.

In addition, an original Certificate of Electrical Inspection, issued by an Electrical Inspection Agency approved by the Village of Floral Park, must be submitted prior to the issuance of a Certificate of Occupancy or Certificate of Completion.

Only Certificates from the following Electrical Inspectors will be accepted by the Village:

**New York Board of Fire Underwriters/Electrical Inspectors, Inc.**

516.794.0400

[electricalinspectors.com](http://electricalinspectors.com)

**Certified Electrical Inspections Inc.**

516.348.8975

[cei-ny.com](http://cei-ny.com)

**NYS Electrical Inspections, Inc.**

631.466.4235

[nyselectricalinspections.com](http://nyselectricalinspections.com)

**Long Island Electrical Inspections, LTD**

631.892.7068

[lieinspectors.com](http://lieinspectors.com)

**Electrical Inspection Service, Inc.**

516.466.6486

[eislongisland.com](http://eislongisland.com)

**Alliance Electrical Inspections Limited**

516.248.0820

[allianceeil.com](http://allianceeil.com)

**Suffolk Bureau of Electrical Inspectors, Inc.**

631.495.8136

[suffolkbei.com/NSEI](http://suffolkbei.com/NSEI)



**DEPARTMENT OF BUILDINGS  
TRUSS TYPE CONSTRUCTION NOTICE**

TRUSS TYPE CONSTRUCTION	
Tracking Number	
Permit Number	

This form must be signed and submitted with the Building Permit Application

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR  
TIMBER CONSTRUCTION IN RESIDENTIAL STRUCTURES (In accordance with Title 19 NYCRR PART 1265)**

To: The Incorporated Village of Floral Park

<b>Permit Information:</b>		
Owners Name:		
Property Address:		
<b>Please take notice that the (check all that apply):</b>		
<input type="checkbox"/> New Residential Structure		
<input type="checkbox"/> Addition to Existing Residential Structure		
<input type="checkbox"/> Rehabilitation to Existing Residential Structure		
<b>To be constructed or performed at the subject property referenced above will utilize (check each applicable line):</b>		
<input type="checkbox"/> Truss Type Construction (TT)		
<input type="checkbox"/> Pre-Engineered Wood Construction (PW)		
<input type="checkbox"/> Timber Construction (TC)		
<b>In the following location(s) (check all that apply):</b>		
<input type="checkbox"/> Floor Framing, Including Girders and Beams (F)		
<input type="checkbox"/> Roof Framing (R)		
<input type="checkbox"/> Floor Framing and Roof Framing (FR)		
<b>Applicant Statement &amp; Signature:</b>		
Print Name:	Signature:	Date:
Capacity (Check One): <input type="checkbox"/> Owner <input type="checkbox"/> Owner's Representative		

Section 1265.4. Sign or symbol.

(a) Each new residential structure and each addition to or rehabilitation of an existing residential structure that utilizes truss type construction, pre-engineered wood construction and/or timber construction shall be identified by a sign or symbol in accordance with the provisions of this Part.

(b) The sign or symbol required by this Part shall be affixed to the electric box attached to the exterior of the residential structure; provided, however, that: (1) if affixing the sign or symbol to the electric box would obscure any meter on the electric box, or if the utility providing electric service to the residential structure does not allow the sign or symbol to be affixed to the electric box, the sign or symbol shall be affixed to the exterior wall of the residential structure at a point immediately adjacent to the electric box; and (2) if no electric box is attached to the exterior of the residential structure or if, in the opinion of the authority having jurisdiction, the electric box attached to the exterior of the building is not located in a place likely to be seen by firefighters or other first responders responding to a fire or other emergency at the residential structure, the sign or symbol required by this Part shall be affixed to the exterior of the residential structure in a location approved by the authority having jurisdiction as a location likely to be seen by firefighters or other first responders responding to a fire or other emergency at the residential structure.

(c) The sign or symbol required by this Part shall be affixed prior to the issuance of a certificate of occupancy or a certificate of compliance. The authority having jurisdiction shall not issue a certificate of occupancy or certificate of compliance until the sign or symbol required by this Part shall have been affixed.

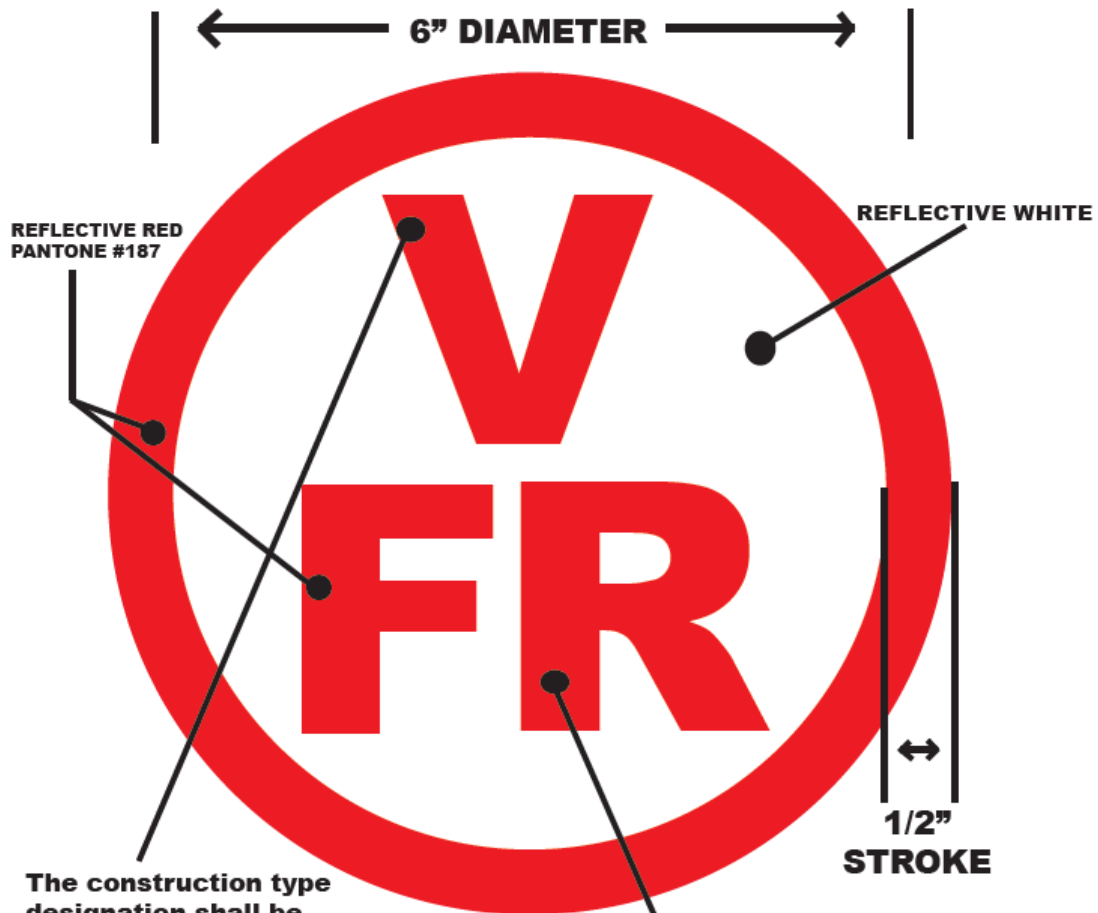




**DEPARTMENT OF BUILDINGS  
TRUSS TYPE CONSTRUCTION NOTICE**

(d) The property owner shall be responsible for maintaining the sign or symbol required by this Part and shall promptly replace any such sign or symbol that is affixed to an electric box when any change or modification is made to such electric box. The property owner shall promptly replace the sign or symbol required by this Part if such sign or symbol is removed or becomes damaged, faded, worn or otherwise less conspicuous to firefighters or other first responders responding to a fire or other emergency at the residential structure. The property owner shall keep the area in the vicinity of the sign or symbol required by this Part clear of all plants, vegetation, and other obstructions that may hide or obscure such sign or symbol or otherwise cause such sign or symbol to be less conspicuous to firefighters or other first responders responding to a fire or other emergency at the residential structure.

(e) The sign or symbol indicating the utilization of truss type construction, pre-engineered wood construction and/or timber construction shall comply with the requirements of this subdivision.



**The construction type designation shall be "I", "II", "III", "IV" or "V" to indicate the construction classification of the structure under section 602 of the BCNYS**

**DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS TYPE CONSTRUCTION**

<b>"F"</b>	<b>FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS</b>
<b>"R"</b>	<b>ROOF FRAMING</b>
<b>"FR"</b>	<b>FLOOR AND ROOF FRAMING</b>





**DEPARTMENT OF BUILDINGS  
SURVEY CERTIFICATION AFFIDAVIT**

SURVEY AFFIDAVIT	
Tracking Number	
Permit Number	

In lieu of a recent survey dated within twelve (12) months from the date of this application, the following affidavit will be accepted.

Property Information:		
Owners Name:		
Property Address:		
Survey Certification Affidavit:		
<p>In accordance with 19 NYCRR, Codes, Rules and Regulations of the State of New York, Section 1203, all surveys, plot plans and/or site plans submitted to the Department of Buildings shall clearly depict all structures and site improvements. This is intended to include all primary and accessory structures, driveways, garages, decks, pool, equipment, etc. for both residential and commercial properties.</p>		
<p>In lieu of a current survey dated within twelve (12) months from the date of this application, I certify that I have personally inspected the above referenced property and determined that the plot plan / site plan submitted accurately depicts all existing site improvements as of _____ (date)</p> <p>I certify that with respect to the above application I have prepared and submitted a zoning analysis which accurately reflects the dimensions and zoning requirements for the subject property.</p> <p>I acknowledge that the Department of Buildings is relying on this affidavit for the code review in accordance with the Village Code and NYS Building Code.</p>		
Applicant Statement & Signature:		
Print Name:	Signature:	Date:
Capacity (Check One):	<input type="checkbox"/> Owner	<input type="checkbox"/> Design Professional



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