



DEPARTMENT OF BUILDINGS MECHANICAL/ELECTRICAL PERMIT GUIDELINES AND REQUIREMENTS

The following is a guide to assist you in obtaining a Mechanical/Electrical 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
The Building Department is located at 1 Pool and Garage Road, Floral Park, NY

Mechanical and Electrical Permit Requirements

- ☐ Mechanical/Electrical Permit Application – One (1) Copy (signed and notarized)
- ☐ Plumbing Permit Application (if work includes gas) – One (1) Copy (signed and notarized)
- ☐ Permit Fee: nonrefundable, cash or check only
- ☐ Current Survey showing all property improvements (if survey is older than 12 months, a Survey Affidavit Form is required)- One (1) Copy
- ☐ Site plan showing location of outdoor units and dimensions to property lines
- ☐ Manufacturers specification of the equipment being installed, including sound ratings for outdoor units
- ☐ Required Inspections Form - One (1) Copy
- ☐ Nassau County Assessors Form - One (1) Copy
- ☐ Generator installations will require Zoning Board Approval (see separate application)
- ☐ Photovoltaic (Solar) Systems will require Architectural Review Board approval (see separate application)
- ☐ Central Air Conditioning Systems will require compliance with the latest New York State Energy Code:
 1. Installation of a programmable thermostat (N1103.1.1)
 2. Insulated ducts in unconditioned spaces. (N1103.3)
≥ 3" diameter insulated to ≥ R-8 in attics and ≥ R-6 elsewhere
< 3" diameter insulated to ≥ R-6 in attics and ≥ R-4.2 elsewhere
 3. Insulated HVAC piping - R-3 minimum HVAC pipe insulation (e.g. hydronic systems, refrigerant lines) (N1103.4)
 4. Ducts, air handlers and filter boxes shall be sealed. (N1103.3.2)
 5. Equipment specs indicate air handler has ≤ 2% air leakage when tested per ASHRAE 193 (N1103.3.2.1)
 6. Duct Tightness Test, either post construction or rough-in test is required for ducts in unconditioned spaces only. The Building Department shall approve the tester prior to commencement. (N1103.3.3)
 7. The approved tester shall provide a report with the following information:
 - a. The name and place of business of the party conducting the test;
 - b. The address of the building which was tested;
 - c. The conditioned floor area of dwelling, calculated in accordance with ANSI Z65, except that conditioned floor area shall include areas where the ceiling height is less than 5 feet;
 - d. Rough-in test: Total leakage shall be measured with a pressure differential of 0.1 inch w.g. (25 Pa) across the system, including the manufacturer's air handler enclosure if installed at the time of the test. Registers shall be taped or otherwise sealed during the test.
 - or-
 - e. Postconstruction test: Total leakage shall be measured with a pressure differential of 0.1 inch w.g. (25 Pa) across the entire system, including the manufacturer's air handler enclosure. Registers shall be taped or otherwise sealed during the test.
 - f. The date(s) of the test;
 - g. A certification by the party conducting the test of the accuracy of the test results; and
 - h. The signature of the party conducting the test.
- ☐ Commercial applications require 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
 - ☐ Plans showing equipment locations
 - ☐ Engineers certification for building load capacity if mechanical equipment or generators will be located on or in the building
 - ☐ Building code compliance information including regional design criteria
 - ☐ Energy code compliance certification statement on drawing or Com Check certification
 - ☐ Stamped and sealed by a NYS Registered Architect or Engineer.



**DEPARTMENT OF BUILDINGS
MECHANICAL AND ELECTRICAL
EQUIPMENT PERMIT APPLICATION**

MECHANICAL ELECTRICAL	
Tracking Number	
Permit Number	M-
Permit Issue Date	
Assoc. Building Permit	

Filing Status – Check all that apply:		Incomplete applications will not be accepted	
<input type="checkbox"/> Proposed - New <input type="checkbox"/> Proposed - Replacement <input type="checkbox"/> Maintain (year built _____)			
<input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Ductless Split Air Conditioning System <input type="checkbox"/> Heat Pump System			
<input type="checkbox"/> Photovoltaic (Solar) System <input type="checkbox"/> Generator <input type="checkbox"/> Other _____			
<input type="checkbox"/> Electrical Service Upgrade (Commercial) <input type="checkbox"/> Antenna/Satellite Dish (Commercial)			
Property Information:			
Property Address:			
Section:	Block:	Lot(s):	Zone: <input type="checkbox"/> VFP Verified
Existing:	<input type="checkbox"/> Single Family	<input type="checkbox"/> 2-Family	<input type="checkbox"/> Commercial/Business <input type="checkbox"/> Other:
Description of Work:			
Areas Served for Air Conditioning Systems: <input type="checkbox"/> Basement _____ sf <input type="checkbox"/> First Floor _____ sf <input type="checkbox"/> Second Floor _____ sf			
Number of Zones:			
Estimated Cost of Construction:			
\$			
Owner Information:			
Owner's Name:			
Mailing Address:		City:	State: Zip:
Phone Number:		Email:	
Applicant Information: <input type="checkbox"/> Owner is Applicant <input type="checkbox"/> Contractor is Applicant			
Applicant's Name:			
Mailing Address:		City:	State: Zip:
Phone Number:		Email:	
Contractor Information: <input type="checkbox"/> Work will be performed by Homeowner (waiver required) <input type="checkbox"/> Contractor information will be submitted at a later date			
Contractor's Name			
Company Name:		Floral Park License Number:	<input type="checkbox"/> VFP Verified
Company Address:		City:	State: Zip:
Phone Number:		Email:	



DEPARTMENT OF BUILDINGS MECHANICAL AND ELECTRICAL EQUIPMENT PERMIT APPLICATION

Electrician Information:			
<input type="checkbox"/> No Electrical Work		<input type="checkbox"/> Electrician information will be submitted at a later date	
Electrician's Name:			
Company Name:		Floral Park License Number:	<input type="checkbox"/> VFP Verified
Company Address:		City:	State: Zip:
Phone Number:		Email:	
Property Owner Statement & Signature:			
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:
Applicant Statement & Signature:			
The undersigned, being duly sworn, deposes and says that "The foregoing are all the alteration or 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:
Notary:			
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			
Building Department Use Only:			
<input type="checkbox"/> Filing Fee: \$50	Receipt:	Permit Fee Calculation \$100 for the first \$1,000 of Construction Costs, \$10 each additional \$1,000 \$100 flat fee for Photovoltaic (Solar)	
<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	Date:	
BZA Review	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	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 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 Permit must be posted and visible from the street for the duration of the construction process.
- The 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.

Permit Information:			
Owners Name:			
Property Address:			
Description of Work:			
Required Inspections and Certifications: <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"/> Foundation survey to be submitted prior to framing			
<input type="checkbox"/> Waterproofing/Damp proofing			
<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 bracing and firestopping)			
<input type="checkbox"/> Electrical Rough-in (Including firestopping) <input type="checkbox"/> Final electrical certificate to be submitted (see list of approved issuers)			
<input type="checkbox"/> Ice and Water Shield			
<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) (New residences, full envelope renovations and isolated additions)			
<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.			
Special Inspections Inspector: (Commercial applications only, must be accompanied by list of special inspections)			
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:	
Applicant Statement & Signature:			
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:



DEPARTMENT OF BUILDINGS REQUIRED INSPECTIONS

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

Certified Electrical Inspections Inc.

516.348.8975

cei-ny.com

NYS Electrical Inspections, Inc.

631.466.4235

nyselectricalinspections.com

Long Island Electrical Inspections, LTD

631.892.7068

lieinspectors.com

Electrical Inspection Service, Inc.

516.466.6486

eislongisland.com

Alliance Electrical Inspections Limited

516.248.0820

allianceeil.com

Suffolk Bureau of Electrical Inspectors, Inc.

631.495.8136

suffolkbei.com/NSEI




**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 along with the most recent survey 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 the date of signature on this document.</p> <p>I certify that with respect to the above application the zoning analysis 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		

USE FOR RESIDENTIAL APPLICATIONS

 <p>BUILDING PERMIT RESIDENTIAL PROPERTY DEPARTMENT OF ASSESSMENT NASSAU COUNTY 240 Old Country Road, Mineola, NY 11501</p>				NBHD# (ASSESSOR USE ONLY)	
				DATE REC'D (ASSESSOR USE ONLY)	
TOWN - CITY - VILLAGE OF: _____					
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				Check one	NAME OF BUSINESS
CITY, TOWN, VILLAGE			ZIP	CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:				<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
					CITY, STATE, ZIP
					PHONE
WORK MUST BEGIN BY		PRINCIPLE TYPE OF CONSTRUCTION <input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME		EMAIL	
PERMIT EXP DATE				IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	
LOT SIZE S.F.					
# BLDGS ON LOT					
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	
<div style="display: flex; justify-content: space-between;"> <div> <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 _____ </div> <div> <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 </div> </div>				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"/>	
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 _____					
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING			Signature of Applicant/Contact Person - Sign & Print		
			Address of Applicant/Contact Person		
			Telephone		
FIELD REPORT ON REVERSE					

240 Old Country Road, Mineola, NY 11501

DATE REC'D (Assessor Use Only)

Township.

School District

Section

Block

Lot(s)

Date _____