



DEPARTMENT OF BUILDINGS PLUMBING PERMIT APPLICATION

PLUMBING	
Tracking	
Plumbing Permit	P-
Gas Permit	G-
Oil Permit	OIL-
Permit Issue Date	
Assoc. Building Permit	B-

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"/> Plumbing	<input type="checkbox"/> Gas Equipment/Piping	<input type="checkbox"/> Oil Equipment/Piping	
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:			
Property Owner Information:			
Owner's Name:			
Mailing Address:		City:	State: Zip:
Phone Number:		Email:	
Plumber Information:			
Plumber's Name:			
Company Name:		Floral Park License Number:	<input type="checkbox"/> VFP Verified
Company Address:		City:	State: Zip:
Phone Number:		Email:	
Electrician Information: <input type="checkbox"/> No Electrical Work <input type="checkbox"/> Electrician information will be submitted at a later date (Note: All Gas Conversion Projects Require a Licensed Electrician to Perform the Work)			
Electrician's Name:			
Company Name:		Floral Park License Number:	<input type="checkbox"/> VFP Verified
Company Address:		City:	State: Zip:
Phone Number:		Email:	



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Oil Tank information:

Existing Tank Location: ☐ Interior ☐ Exterior ☐ No Existing Tank

Proposed Tank: ☐ Replacement ☐ New ☐ Abandonment ☐ Removal
(Nassau County Department of Health Approval Required for Tank Abandonment or Removals)

Fixture/Appliance Count:

Location	Number of Plumbing Fixtures			Total
	B	1 st	2 nd	
Fixture Type				
Water Closet				
Lavatory				
Bath tub				
Shower				
Bidet				
Urinal				
Kitchen Sink				
Sink – Other				
Grease Trap				
Indirect Waste				
Dishwasher				
Laundry Tub				
Washing Machine				
Sprinkler Head				
Floor Drain				
Drinking Fountain				
Backwater Valve				
Backflow Valve				
Other:				
Total				

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

Fuel Type ☐ Gas ☐ LP Gas ☐ Oil

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

Fire Marshall approval required for all fire sprinkler systems.

Plumbing Riser Diagram: (or use a separate page)



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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:

Plumber 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 plumber/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"/> Plumbing Permit Fee:	Receipt:	Plumbing Permit Fee Calculation \$50 for the first fixture, \$15 each additional Fire Sprinkler \$75 Residential, \$150 Commercial Gas Permit Fee Calculation \$50 for the first appliance, \$15 each additional Oil Permit Fee Calculation \$50 for the first appliance, \$15 each additional	
<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:
Required Inspections: (To be filled out by Building Department)			
<input type="checkbox"/> Roughing Plumbing	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<input type="checkbox"/> Roughing Gas/Oil	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<input type="checkbox"/> Gas Pressure Test	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<input type="checkbox"/> Water Pressure Test	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<input type="checkbox"/> Third-Party Electrical Certificate	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<input type="checkbox"/> Tank Abandonment or Removal	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<input type="checkbox"/> Other _____	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:
<input type="checkbox"/> Final	<input type="checkbox"/> Approval <input type="checkbox"/> Denial	Date:	By:

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.
- 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.

USE FOR RESIDENTIAL APPLICATIONS

 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				Check one	NAME OF BUSINESS	
CITY, TOWN, VILLAGE			ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:					ADDRESS	
					CITY, STATE, ZIP	
WORK MUST BEGIN BY		PRINCIPLE TYPE OF CONSTRUCTION			PHONE	
PERMIT EXP DATE		<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME			EMAIL	
LOT SIZE S.F.						
# BLDGS ON LOT		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 <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 _____					DOES RESIDENCE HAVE THE FOLLOWING 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 _____				Signature of Applicant/Contact Person - Sign & Print		
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING				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 _____