



INCORPORATED VILLAGE OF PLANDOME HEIGHTS
37 Orchard Street
Manhasset, New York 11030
(516) 627-6902 Fax (516) 627-1393

APPLICATION FOR PERMIT
PLUMBING, HEATING, DRAINAGE, SEWAGE DISPOSAL, HVAC & GENERATOR

This application shall be filled out in duplicate. When approval stamp with signature is affixed below and returned to you, then this application becomes a Plumbing, Heating, Drainage, Sewage Disposal, HVAC & Generator Permit. The application process and permit are subject to the conditions printed on the back. The Applicant is admonished to read the conditions on the back carefully.

All permits issued by the Building Department are strictly subject to the Zoning and Building Codes of the Incorporated Village of Plandome Heights and all New York State fire codes and construction codes applicable on the date of the application. **NO ERROR OR OMISSION IN THE ISSUANCE OF A PERMIT SHALL LEGALIZE ANY CONSTRUCTION OR USE OTHERWISE PROHIBITED BY LAW.**

NEW BUILDING [] ADDITION [] REPAIR [] PLUMBING [] GENERATOR []
BURNER/OIL TANK [] DRAINAGE [] HVAC [] GAS PIPING []

Section: _____ **Block:** _____ **Lot (s):** _____ **Date:** _____

Address of Permit Activity:

Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: _____
 Zone: _____ Cross Street: _____

Owner's Information:

Last Name: _____ First Name: _____ Corp. Name: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____
 EMAIL Address: _____

() Plumber () HVAC Contractor () Sprinkler Contractor () Drainage Contractor () Generator Contractor

Plumber/Contractor Information:

Last Name: _____ First Name: _____ Corp. Name: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____
 Cell Number: _____ License Number: _____ EMAIL: _____

Electrical Contractor Information:

Last Name: _____ First Name: _____ Corp. Name: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____
 Cell Number: _____ License Number: _____ EMAIL Address: _____

OWNERS AFFIDAVIT

I (we) hereby certify that:

- I (we) agree to permit the Plumbing Inspector and any officer or employee of the Incorporated Village of Plandome Heights to enter upon the premises in the discharge of their duties with this application.
- Permit shall expire three [3] months from the date of issuance unless construction is in progress. No work is to be started until permit has been received and posted by the owner/applicant/plumber.
- Plumbing Inspector shall be given a minimum of 48 hours notice to make the required inspection and no work shall continue until such inspection has been completed and approved.
- Contractor shall be responsible to arrange for all required inspections.
- I certify that all installations will be in accordance with the Code of the Incorporated Village of Plandome Heights and the New York State Building Construction Code and lead free solder composition equal to or less than 0.2% lead, according to ASTM B32.

I submit this affidavit with full knowledge that the Building Department and the Incorporated Village of Plandome Heights rely upon the truth of the statements and information contained herein.

_____ (Property Owner) deposes and says that he/she resides at _____ in the State of _____, that he/she is the owner in fee of all certain lots, parcel of land shown on the attached survey Section _____ Block _____ Lot(s) _____

Situated, lying and being within the village area of Plandome Heights; that I/we have read and understand items 1 through 5 as herein stated, that the work to be done on the premises, will be done in accordance with the approved application and accompanying plans, of which he/she is totally familiar and that he/she hereby names contractor listed below as his/her representative to file this application on his/her behalf.

Signature of Owner _____ Signature of Licensed Plumber/Contractor _____
 Sworn to me this _____ day of _____, 20 _____ Sworn to me this _____ day of _____, 20 _____
 Signature of Notary Public _____ Signature of Notary Public _____

NOTE: All existing fixtures on property must be listed with new work highlighted.

() Gas () LP Gas () Oil

Fixtures	Location				Date of Insp.
	B	1st	2nd	3rd	
Location					
Water Closet					
Lavatories					
Bathub					
Shower					
Bidet					
Urinal					
Kitchen Sink					
Sink Other					
Indirect Wastes					
Dishwasher					
Laundry Tub					
Washing Machine					
Floor Drains					
Drinking Fountain					
Water Cooler					
INFRASTRUCTURE					
Septic Tank					
Leaching Pool					
Drywell					
Main Water Service					
Fuel Tank Size					
Lawn Sprinkler Zones					

Location	B	1st	2nd	3rd	Date of Insp.
# Ft Gas Piping					
HVAC Unit					
Furnace Gas/Oil					
Stove/Oven					
Boiler Gas/Oil					
H/W Heater Gas/Oil					
Indirect Storage Tanks					
Dryer					
Generator					
Gas Fireplace					
Unit Heater					
Heater Coil					
Indirect Gas Heater					
Pool Heater					
Barbeque					

NO. OF FIXTURES:

NEW _____ EXISTING _____ TOTAL _____

NO. GAS APPLICANCES:

NEW _____ EXISTING _____ TOTAL _____

Description of Work: _____

ADDITIONAL REQUIREMENTS:

- Schematic riser diagram required for sanitary piping Plumbing Permit.
- Schematic piping plan illustrating length of pipe runs required for Gas Piping Permit.
- Survey required for Drywell & Septic Cesspool Permits.
- Survey illustrating location of exterior placed equipment required for HVAC and Generator Permits.

FOR OFFICE USE ONLY

Date Signed Off: _____

Inspector: _____

NOT VALID UNTIL STAMPED APPROVED BELOW THIS LINE