

OWNER'S NAME \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ SBL: \_\_\_\_\_

TEL. #. \_\_\_\_\_ EMAIL \_\_\_\_\_

INSTALLER: \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ TEL. # \_\_\_\_\_

NEW UNIT INSTALL       UNIT REPLACEMENT       NEW DUCT WORK       REPLACE DUCTS

Cost of construction for duct work: \$ \_\_\_\_\_

**Description of work:** \_\_\_\_\_

**Size of unit(s):** \_\_\_\_\_

	<u>BASEMENT</u>	<u>1ST FLR</u>	<u>2ND FLR</u>	<u>ATTIC</u>	<u>OUTSIDE</u>	<u>TOTALS</u>
<u>DUCT(S) LOCATION</u>						
<u>UNIT(S) LOCATION</u>						

**FEE SCHEDULE:**

\$150 for the first unit, \$50 each additional and 1% of the cost of installation.

**SUBMISSION REQUIREMENTS**

- COMPLETED APPLICATION FORM
- NASSAU COUNTY CONSUMER AFFIARS LICENSE
- LIABILITY INUSRANCE & WORKERS COMP INSURANCE (VILLAGE MUST BE CERTIFICATE HOLDER & ADDITIONALLY INSURED)
- TWO (2) SURVEY'S DEPICTING THE LOCATION AND SETBACKS OF THE UNITS FROM THE PROPERTY LINE AND ANY STRUCTURES
- TWO (2) SETS OF PLANS SHOWING THE DUCT WORK
- LOCATION AND TYPE OF REQUIRED SHRUBBERY SCREENING
- UNIT MANUFACTURING SPECS & DUCT WORK SPECS

**Owner & installer** certifies that the proposed work complies with all the provisions of the building zone ordinance, building code (including state building construction code) and all other applicable statutes, ordinances, rules and regulations.

**\*\*No licensed installer shall sign a permit application or act as an agent for a person who is not a licensed with Nassau County consumer's affairs\*\***

\_\_\_\_\_  
Print Name (Owner)

\_\_\_\_\_  
Print Name (Installer)

\_\_\_\_\_  
Signature (Owner)

\_\_\_\_\_  
Signature (Installer)

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public, State of New York

\_\_\_\_\_  
Notary Public, State of New York