



INC. VILLAGE OF SOUTH FLORAL PARK

Plumbing Permit- General Information **THIS INFORMATION IS FOR PLUMBING PERMITS ONLY**

Plumbing Permits are needed for the following work:

Sprinkler Systems/Backflow Devices

New/Alteration Plumbing/Gas Fixtures

1. No application will be accepted for processing or submission to the Village Building Inspector for consideration by anyone other than a licensed Plumber holding a valid Plumber's License. **All plumbing fees MUST be paid for by a check from the plumber.**
2. Permit Fee MUST be paid at time of application is filed.
3. ALL FEES ARE NON-REFUNDABLE
4. All blanks on the application are to be filled in. If an item is "not applicable" note as N/A.
5. All applications are subject to Building Department approval.
6. No Permit will be issued if the applicant, business, or a principle of the corporation submitting the application has any outstanding unpaid violations due to the Village unless otherwise stated on permit.
7. All permits issued are valid for one (1) year from the date of issue and must be renewed if work is not completed to avoid a summons.
8. All new work, alterations and replacements must be in compliance with the New York State Uniform Fire Prevention and Building Code with regard to water saving devices and all other requirements as set forth in the code.
9. Plumbing Permits are issued as soon as possible after submission of all required documents and approval. **DEPENDING ON SCHEDULING IT MAY TAKE TWO OR MORE WEEKS FOR APPROVAL.** You will be notified when your application is approved or denied. If approved, you may pick up your payment upon payment in full of the permit fee.

Upon receipt of foregoing information your requests for these permits will be reviewed and submitted to the Building Department for appropriate action.

Upon issuance of the permit it is the responsibility holder to request inspections.
An appointment may be made by contacting the Village Building Department to schedule an inspection appointment. The phone number is 516-352-8047. On the REVERSE side of this page is additional information.

INC. VILLAGE OF SOUTH FLORAL PARK



EXPLANATION OF INSPECTIONS:

1. Rough Inspection-

Includes underground piping, piping in walls floors and ceilings.

2. Gas Test for gas lines and meter sets.a

3. Final Inspection-upon completion of job.

4. Re-Inspection if violations are found and have to be corrected.

TYPE OF INSPECTION	Date called for inspection	<u>Inspection Date</u>



PLUMBING PERMIT APPLICATION

SEE GENERAL INFORMATION AND REQUIREMENTS

PAGE ONE--- COMPLETE ALL PAGES

DATE: _____

PROPERTY INFORMATION:

SECTION: 32 BLOCK: _____ LOTS: _____

OWNER'S LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

HOME PHONE:() _____ - _____ BUSINESS/CELL:() _____ - _____

DESCRIPTION OF WORK:

CHECK ALL THAT APPLY:

NEW DWELLING: _____ ALTERATION: _____ ADDITION: _____

Is this a permit to legalize an existing structure? YES _____ NO _____

ESTIMATED COST OF PROPOSED CONSTRUCTION: _____

PRESENT USE OF BUILDING: _____ PROPOSED USE: _____

PLUMBER:

NAME: _____ LIC# _____

BUSINESS NAME _____ PHONE NUMBER _____

ADDRESS: _____

OFFICE USE ONLY

Violation File Checked: _____ Documentation Required Received: _____

Application Rec'd By: _____ Fee Paid: _____

Date Building Dept. Approved: _____ Permit# _____

Date Issued: _____ Issued By: _____

INC. VILLAGE OF SOUTH FLORAL PARK



INDICATE NUMBER OF:
PROPOSED FIXTURES

FIXTURE TYPE	BASEMENT	1ST FLOOR	2ND FLOOR
Water Closets			
Urinals			
Wash Basins			
Bath Tubs			
Sinks			
Slop Sinks			
Showers			
Dish Washers			
Fuel Waste Oil Tank			
Gas Piping			
Gas Meter			
Water Meter			
Sprinkler System			
Backflow Device			
Hot Water Heater			
Oil Burner			
Gas Burner			
Stove			
Dryer			
Drainage Pool			
Sewer Connection			
Water Connection			
Other: _____			



Inc. Village of South Floral Park

Building Department

Owner's Authorization

I (we) hereby certify that:

1. The information provided on this permit application is true and correct. I understand that the village of South Floral Park will approve or deny a permit based on the information provided.
2. I agree to permit the building inspector and any officer or employee of the Village of South Floral Park to enter upon the premises in the discharge of their duties with this application.
3. Approved plans and a copy of approved permit will remain on the premises at all times until the Certificate of Approval is issued. These plans will be made available to the Building Inspector.
4. Building Inspector will be given a minimum of 48 hours' notice to make the required inspection, and no work will continue until such inspection has been completed and approved.
5. Owner or his representative will be responsible to arrange for all required inspections.

State of New York]
County of Nassau]

Property Owner-Please

Print _____

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 and land shown on the attached survey Section 33 Block _____ Lot(s) _____ situated, lying and being within the Village of South Floral Park; that I/we have read and understand items 1 through 4 as here in stated, that the work to be done upon the premises, will be done in accordance with the approved application and accompanying plans, of which he/she totally familiar and that he/she hereby names _____ as his/her representative to file this application on his/her behalf.

Signature of Owner _____

Sworn to me this _____ day of _____ 20____ Signature of Notary

Public _____



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: SOUTH FLORAL PARK

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: Old Westbury ZIP: 11568

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"/> BASEMENT FINISH 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

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant/Contact Person _____ Telephone _____

FIELD REPORT ON REVERSE

TOWN
SCHOOL DISTRICT
SECTION
BLOCK
LOT(S)
CA # OR BLDG #
UNIT #
DATE