

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 INSURANCE & 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