

Inc Village of Hewlett Neck

30 Piermont Avenue Hewlett, NY 11557

TEL: 516-295-1400 Email: Building@hewlettneck.gov

Building Department

HVAC Application

OWNER'S NAME _____

PROPERTY ADDRESS _____ SBL: _____

TEL. #. _____ EMAIL _____

INSTALLER: _____

COMPANY ADDRESS _____

EMAIL _____ TEL. # _____

☐ New Unit/Handler Install ☐ Unit Replacement ☐ New Duct Installation ☐ Duct Repair/Replacement

Description of work:

Size of unit(s):

Unit(S)	Setback From Side Lot Line	Setback From Rear Lot Line
<u>Unit 1</u>		
<u>Unit 2</u>		
<u>Unit 3</u>		
<u>Unit 4</u>		

FEE SCHEDULE:

First unit **\$150.00**
Each additional **\$50.00**
Duct Work Cost _____ **1 %**
Certificate of Completion **\$150.00**

Use back of page for more locations if needed

Submit:

- Completed application form
- Two (2) surveys depicting the location and setbacks of the units from the property line and any structures
- Location and type of required shrubbery screening
- Unit manufacturing specs

All Contractors must submit

- Nassau County Consumer Affairs License (Copy of the original license).
- Liability Insurance with the Village of Hewlett Neck as the certificate holder and additionally insured. Accord form Only. (Insurance must list everything the contractor is insured to do).
- Workers Compensation Insurance with the Village of Hewlett Neck as the certificate holder. Forms must be C 105.2, or U-26.3, or CE 200 for waiver.

All Electricians must be licensed by the Town of Hempstead. An original Electrical Inspection Certificate is required to close out building permits. Prior to commencing any electrical work in order to schedule the appropriate inspections contact an approved Electrical Inspection Agency. This certificate is needed to close out your building permit.

AFFIDAVIT OF APPLICANT

State of New York)

County of Nassau)

SS:

I, _____ being duly sworn, deposes and says that _____
(Agent, Contractor) (Owner)

Is the owner of the premises to which this application applies to and that the applicant is duly authorized to make this application; and that the statements contained here are true and correct to the best of their knowledge and belief; and that the work being performed in the manner set forth in this application and in the plans and specifications filed therewith, and in accordance with all applicable laws, ordinances and regulations of the Village and New York State.

Sworn to me this _____ day of 20_____

Notary Public

(Signature of Applicant)

PROPERTY OWNER CERTIFICATION

I, _____, hereby certify that I have full knowledge of the proposed work at my property as described herein and take no exception to such activity.

Sworn to me this _____ day of 20_____

Notary Public

(Signature of Owner)

PERMIT REQUIREMENT AGREEMENT

I, _____, understand and will comply with the following:
(Owner Print Name)

Initial each requirement below:

1. Installation / Construction shall not begin prior to obtaining a permit from the building department. _____
2. Installation / Construction shall not begin prior to 8:00 am nor after 6:00 pm on weekdays. _____
3. Installation / Construction is **NOT** permitted on Saturday, Sundays, or Legal Holidays. _____
4. The contractor is responsible for contacting the building department for all required inspections. _____
5. Any revisions to the work shall have **approved** amended plans prior to doing the work. _____

I have read, initialized and fully understand the above requirements. _____

(Signature of owner)

For Office Use Only

Permit Fee: \$ _____

First unit	\$150.00
Each additional	\$50.00
Certificate of Completion	\$150

Duct Work Cost _____ 1 % = _____

Approved - Inspector: _____


Date: _____

Denied - Inspector: _____

Date: _____

Zoning Board of Appeals: Approved Date _____

Denied Date _____

<div><div>BUILDING PERMIT RESIDENTIAL PROPERTY DEPARTMENT OF ASSESSMENT NASSAU COUNTY 240 Old Country Road, Mineola, NY 11501 TOWN - CITY - VILLAGE OF: _____</div></div>					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			EMAIL	
LOT SIZE S.F.		<input type="checkbox"/> MASONRY			IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	
# BLDGS ON LOT		<input type="checkbox"/> FRAME				
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	
<div><div><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 _____</div><div><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</div></div>					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	
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		
FIELD REPORT ON REVERSE				Telephone		