





Village of Hewlett Bay Park

Village of Hewlett Neck

Village of Woodsburgh

30 Piermont Ave Hewlett, NY 11557 Tel: (516) 295-1400 · Fax (516) 295-1406

## **General Information for Gas Conversions**

## **IF CONVERTING FROM OIL TO GAS:**

- Complete Permit Application Package describing project as: Abandon existing oil tank and conversion to gas heat.
- Include copy of Nassau County Dept. of Health Tank Abandonment Notification Form and Letter of Affirmation of Non-Leaking Tank.
- Submit contractors' <u>General Liability</u> (Village to be named as Certificate Holder and Additionally Insured) and <u>Workers' Compensation Insurance Certificate</u> and valid Town of Hempstead, N. Hempstead or Oyster Bay <u>Plumber's License</u>.

#### Fees:

	Hewlett Bay Park	Hewlett Neck	Woodsburgh
Plumbing:	\$90.00	\$150.00	\$150.00
Boiler/Burner:	\$67.50	Part of Plbg	Part of Plbg
Gas Test	\$50.00	\$75.00	\$75.00
Cert. of Comp.:	\$ <u>125.00</u>	\$150.00	\$150.00
•	\$332.50	\$375.00	\$375.00

<sup>\*</sup>Check made payable to the Village in which the work is being performed.

<sup>\*\*</sup> No work can start until a Permit is issued by the Village Building Department

VILLAGE OF	<del></del>		GAS PE	ERMIT A	<u>PPLICATION</u>	<u>N</u>
30 Piermont Avenue Hewlett, NY 1	1557		**G	AS TEST RI	EQUIRED**	
OWNER'S NAME						
OWNERS ADDRESS					SBL:	
OWNERS TEL # & EMAL						-
PLUMBERS NAME						
COMPANY NAME						
COMPANY ADDRESS						
EMAIL						
TELE. #	(	BUS)				(CELL)
LIC. NO	т.о.н.		T.N.H.			T.O.B.
LIST FIXTURES:	NEW INS	STALL	□ ALTERATI	ON	REPAIR	
Description of Work:						
Description of World						
<u>FIXTURE</u>	BASEMENT	1ST FLR	2ND FLR	ATTIC	OUTSIDE	TOTALS
WATER HEATER						

	T	1	1	T	T	ı
<u>FIXTURE</u>	BASEMENT	1ST FLR	2ND FLR	<u>ATTIC</u>	<u>OUTSIDE</u>	TOTALS
WATER HEATER						
BOILER						
WATER STORAGE TANK						
FIRE PLACE						
<u>OVEN</u>						
<u>RANGE</u>						
<u>CLOTHES DRYER</u>						
BARBEQUE						
GAS METER						
GAS VALVE						
POOL HEATER						
OUTDOOR FIRE PIT						
REPAIR TO GAS PIPING						
<u>H.V.A.C</u>						
<u>GENERATOR</u>						
<u>OTHER</u>						
TOTAL PER FLR						

OWNER & PLUMBER CERTIFIES THAT THE PROPOSED WORK COMPLIES WITH ALL OF 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 PLUMBER SHALL SIGN A PLUMBING PERMIT OR ACT AS AN AGENT FOR A PERSON WHO IS NOT A LICENSED PLUMBER IN THE TOWNS
OF HEMPSTEAD, N. HEMPSTEAD AND OYSTER BAY

Print Name (Owner)	Print Name (Plumber)
Signature (Owner)	Signature (Plumber)
Sworn to before me this	Sworn to before me this
day of 20	day of 20

Notary Public, State of New York

Notary Public, State of New York



#### LAWRENCE E. EISENSTEIN, MD, MPH, FACP COMMISSIONER OF HEALTH

### NASSAU COUNTY DEPARTMENT OF HEALTH

# BUREAU OF ENVIRONMENTAL PROTECTION AFFIRMATION OF NON-LEAKING TANK

	Re:
	(Address)
associated piping used for storing oil solely	st of my(our) knowledge the underground tank and its for on-site space heating and/or water heating, located s never leaked. <b>This form may not be used where</b>
	(Signature of Property Owner(s))
	Affirmation must be received by NCDH seven (7) days prior to the date of the job.
Sworn to before me this	
day of,,	

THIS FORM MUST BE SIGNED AND NOTARIZED BEFORE RETURNING VIA U.S. MAIL to the Nassau County Department of Health, Bureau of Environmental Protection, Att: Article XI, 200 County Seat Drive, Mineola, NY 11501. Telephone number: 516-227-9691.





## Nassau County Department of Health Tank Abandonment/Removal\* Notification Form

Contractor Phone # Facility ID# Facility Name: Address Village Telephone  Existing Tank Information:  Tank Size: Tank Contents:Abandonment Removal  Monitoring: Well Borings Tested on/  DEC Spill# (if applicable) Other (explain)  New Installation:  Tank Size Plans Approved?  Location: Above ground on pad/containment Below ground Indoors Conversion to gas	Date of Job**	/	prior to th \$220.00 pe 1,100 gallo	e date of the job acco er tank over 1,100 gal	lons and \$70.00 per tank I in place or \$90.00 per
Facility ID# Facility Name:	Contractor		•	ganons of icss remo	veu.
Facility Name:  Address  VillageTelephone	Phone #				
Address	Facility ID#				
Telephone	Facility Name:				
Existing Tank Information:  Tank Size: Tank Contents: Abandonment Removal  Monitoring: Well Borings Tested on/  DEC Spill# (if applicable)  Other (explain)  New Installation:  Tank Size Plans Approved?  Location: Above ground on pad/containment Below ground  Indoors	Address				
Existing Tank Information:  Tank Size: Tank Contents: Removal  Monitoring: Well Borings Tested on/ DEC Spill# (if applicable) Other (explain)  New Installation:  Tank Size Plans Approved? Location:  Above ground on pad/containment Below ground Indoors	Village		Telephone		
Tank Size: Tank Contents: Abandonment Removal  Monitoring: Well Borings Tested on / /  DEC Spill# (if applicable) (explain)  New Installation:  Tank Size Plans Approved?  Location: Above ground on pad/containment Below ground Indoors					
Abandonment			<b>Existing Tank Inform</b>	mation:	
Monitoring:WellBoringsTested on//  DEC Spill# (if applicable) Other(explain)  New Installation:  Tank SizePlans Approved? Location: Above ground on pad/containmentBelow groundIndoors	Tank Size:		Tank Contents:		
DEC Spill# (if applicable) Other(explain)  New Installation:  Tank Size Plans Approved?  Location:  Above ground on pad/containment  Below ground Indoors	Abandonr	nent		_	Removal
Other(explain)  New Installation:  Tank SizePlans Approved?	Monitoring: _	Well	Borings	Tested on	/
New Installation:  Tank SizePlans Approved?  Location: Above ground on pad/containment Below groundIndoors		DEC Spill# (if appli	cable)		
New Installation:  Tank SizePlans Approved?  Location: Above ground on pad/containment Below ground Indoors	Other		(evnlain)		_
Tank SizePlans Approved?  Location: Above ground on pad/containment Below ground Indoors					
Location: Above ground on pad/containmentBelow groundIndoors			New Installatio	<u>n:</u>	
Above ground on pad/containmentBelow groundIndoors	Tank Size		Plans Approved?		
Below groundIndoors	<u>Location:</u>				
Indoors	Above gro	ound on pad/containn	ment		
	Below gro	ound			
Conversion to gas	Indoors				
	Conversion	on to gas			

\*All removals/abandonments, installations etc. must be done in accordance with Article XI of the Nassau County Public Health Ordinance. This form is to be used for the abandonment of a fuel oil tank of more than 1,100 gallon capacity, the abandonment of any size non-fuel oil tank or the removal of any tank including fuel oil tanks of 1,100 gallon capacity or less.

PLEASE RETURN VIA U.S. MAIL to Nassau County Department of Health, Bureau of Environmental Protection, Article XI, 200 County Seat Drive, Mineola, N.Y. 11501. Telephone number: 516-227-9691.

# Nassau County Department of Health Small Facility/Homeowner Tank Abandonment Notification Form

Date of Job/	**All notifications must be received by NCDH 7 days prior to the date of the job accompanied by a fee of \$70.00 per tank.
Contractor	
Phone #	
Name of Property Owner	
Address	
Village	Telephone
Existing Tank Information:	
Tank Size:275	1,000
Fill Material:	
Sand	ConcreteApproved Foam
Tank Location Diagram:	
$\uparrow$	
N	
New Installation:	
<u>Tank Size</u>	<u>Location</u>
275	Above ground on pad/containment
550	Below ground
1,000	Indoors
	Conversion to gas
	s etc. must be done in accordance with Article XI of the Nassau in is to be used only when the individual storage tank capacity is

PLEASE RETURN VIA U.S. MAIL to Bureau of Environmental Protection, Nassau County Department of Health, Attention: Article XI, 200 County Seat Drive, Mineola, N.Y. 11501. Telephone number: 516-227-9691.

T T A C H

C H E C K

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