HVAC/Generator Application

Building Department Inc.
Village of Lynbrook
P.O. Box 70 21
Lynbrook, New York 11563-7021

SECTION _____ BLOCK _____ PLOT _____

PERMITS EXPIRE ONE (1) YEAR AFTER ISSUANCE
PLUMBERS/CONTRACTORS WITH EXPIRED/OUTSTANDING PERMITS WILL NO LONGER BE IN GOOD STANDING WITH THE VILLAGE

DATE _____ PERMIT # _____ BLDG. PERMIT # _____ FEE$ _____

LOCATION _____ OWNER'S PHONE# _____

OWNER _____ KIND OF BUILDING _____

USED AS _____ *ESTIMATED COST $ _____

Circle One: NEW ALTERATION REPAIR ADDITION MAINTAIN

[ ] GAS [ ] ELECTRIC

TYPE OF EQUIPMENT	# OF UNITS	FEE	DESCRIPTION	# OF UNITS	FEE
CENTRAL AIR CONDITIONING			GAS FIREPLACE		
MINI SPLIT A/C UNIT			GENERATOR		
HVAC UNIT					
TYPE OF GAS PIPING & MANUFACTURER NAME					

CONTRACTORS MUST SUBMIT THE FOLLOWING :

1. Nassau County Consumer Affairs License.
2. Workers Compensation Insurance
3. Liability Insurance
4. Manufacturer specificationsfor equipment to be installed.
5. SUBMIT A COPY OF SURVEY SHOWING PLACEMENT OF UNIT
6. If Gas Work is being done – list type of gas piping being used above.
7. Electrical Underwriters Certificate required upon completion of work.
8. Engineering Compliance letter is required for rooftop units.
9. Mini-Split A/C Units cannot be mounted more than 12" (1 foot) above grade.
10. Central Air Compressors cannot be placed in the side yard setback.

PLUMBER'S NAME _____ TEL # _____

ELECTRICIAN'S NAME _____ TEL # _____

CONTRACOR'S NAME _____ TEL# _____

ADDRESS _____

PLUMBERS MUST CALL TO SCHEDULE GAS INSPECTIONS – MONDAY & THURSDAY 8:30 AM TO 9:30 AM

Installer must be on site for inspections. Applicant certifies that all information given is correct, that the plumber and/or installer of record will be completing all work and that all pertinent mechanical ordinances will be complied with in performing the work for which this permit is used or summonses will be issued.

_____ Signature of Contractor

_____ Signature of Plumber

_____ Homeowner Signature

_____ Approved Date