

MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

CENTRAL AIR / HVAC / GENERATOR PERMIT

Incomplete applications will not be accepted

All fees are non-refundable

THIS APPLICATION MUST BE ACCOMPANIED BY:

- 2 copies of a survey/plot plan indicating any exterior unit locations including set back measurements to property lines
- Manufacturer's specification sheets for ALL equipment – including Energy Information (SEER)
- Separate Electrical permit application for any electrical work
- Separate Plumbing permit application for any Gas / Water Piping and Boilers / Water Heaters
- Nassau County Department of Assessment Building Permit application – must be signed by property owner
- Separate building permit and or certifications by licensed design professional may be required for any new building structural supports for HVAC units or verification of existing structure
- A Central Air System Inspection Requirements form signed by the contractor AND property owner
- Signed and Sealed P.E. or R.A. Mechanical HVAC drawings required for new commercial work
- Maintain and Legalize As-Built applications require pictures of existing equipment and date system was installed, if known.

Date: _____

Permit App # _____

Owner Name: _____ Phone # _____ Email: _____

Address of Project: _____ Malverne, NY 11565

Check all that apply: Residential _____ Commercial _____ Maintain As Built _____ New _____
Alteration _____ Replacement _____ Addition _____

TYPE OF EQUIPMENT	# UNITS	FEE/UNIT	TOTAL
Central Air Conditioning System (Each Set of Air Handler/Condenser)	_____	\$50.00	\$ _____
Forced Hot Air System (circle one: Oil Gas Electric)	_____	\$50.00	\$ _____
Ductless (split) AC / Heat Pump System (Per Exterior Condenser)	_____	\$50.00	\$ _____
Electric Generator (circle one: Oil Gas)	_____	\$50.00	\$ _____
Geothermal System	_____	\$50.00	\$ _____
Other: _____	_____	\$50.00	\$ _____

Total Fee for units \$ _____
Certificate of Compliance / Letter in Lieu \$ 100.00
Maintain and Legalize / As Built Surcharge \$250.00 (if applicable) \$ _____

TOTAL HVAC PERMIT FEE (Electrical and Plumbing Work Separate Application and Fees) \$

- HVAC Contractor Name: _____ Malverne License # _____
Phone: _____ Email: _____
- Electrician Name _____ Malverne License # _____
- Plumbers Name _____ Malverne License # _____

Signature of HVAC Contractor _____

Signature of Property Owner _____

Village Approval Signature and Stamp _____

Sworn to before me this _____ day of _____

NOTARY SIGNATURE _____

SEAL:

No registered contractor shall sign a Central Air / HVAC/ Generator permit or act as an agent for a person who is not a licensed contractor in the Village of Malverne. I understand by signing below that my license in the Village of Malverne could be in jeopardy by violating the above section. Applicant certifies that all information given is correct and that all work shall conform to the current NYS Residential, Building, Plumbing, Fire, Existing Building, Fuel Gas, Energy Conservation, Property Maintenance and Mechanical Codes and all Village Ordinances for which this permit is issued.



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

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

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
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	ZIP	CONTACT PERSON/OWNER
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ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
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PERMIT EXP DATE	<input type="checkbox"/> STEEL	EMAIL
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LOT SIZE S.F.	<input type="checkbox"/> MASONRY	IF YOU WISH TO GROUP OR APPORTION LOTS
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# BLDGS ON LOT	<input type="checkbox"/> FRAME	
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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	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> DEMOLITION	BASEMENT FINISH
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<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 _____	
<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 <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 _____ Telephone _____
FIELD REPORT ON REVERSE	



**BUILDING PERMIT
COMMERCIAL OR MIXED USE
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

DATE REC'D

SECTION	BLOCK	LOT (S)	SCH DIST	PERMIT #	SPECIFIC ZONING DESIGNATION
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Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)	N.E.S.W. SIDE OF
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE	ZIP	CONTACT PERSON
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ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

DATE TO BEGIN	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
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DATE TO COMPLETE	<input type="checkbox"/> STEEL	EMAIL
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LOT SIZE S.F.	<input type="checkbox"/> MASONRY	Grouping or apportioning lots? Yes _____ No _____
# BLDGS ON LOT	<input type="checkbox"/> OTHER	

DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)	List existing lots:
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Proposed lots:

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DATE OF GRANTING OF PERMIT _____

**SEPARATE APPLICATION SHALL BE
MADE FOR EACH BUILDING**

FIELD REPORT ON REVERSE

Signature of Applicant/Contact Person _____

Address of Applicant/Contact Person _____

Tele # _____

Residential Air Conditioning Installation Guidelines for the 2015
International Residential Code
and the 2015 International Energy Conservation Code with 2017 NYS
Supplement

Building Inspectors will be verifying the following items for compliance with the 2015 International Residential Code and 2017 Uniform Code Supplement

- Access opening to equipment- minimum size is 22" x 30" as per M 1305.1.3
- Catwalk to equipment- minimum width is 24" wide as per M 1305.1.3
- Equipment service area- minimum size 30" x 30" as per M 1305.1
- Maximum distance from access opening to equipment is 20 feet as per M 1305.1.3
- Lighting switch shall be installed at access door for light located at equipment as per as per M 1305.1.3.1
- Receptacle outlet shall be installed at or near the appliance
- Condensation from equipment shall be conveyed to approved place of disposal as per M 1411.3
- Auxiliary and Secondary systems shall be required at equipment as per manufacturer specifications and must comply with M 1411.3.1
- No structural members shall be cut, bored or notched beyond permitted allowances
- Supply and return ducts in attics shall be insulated to a minimum of R-8 where 3 inches (76 mm) in diameter and greater and R-6 where less than 3 inches (76 mm) in diameter. Supply and return ducts in other portions of the building shall be insulated to a minimum of R-6 where 3 inches (76 mm) in diameter or greater and R-4.2 where less than 3 inches (76 mm) in diameter.
Exception: Ducts or portions thereof located completely inside the building thermal envelope.
- Ducts, air handlers and filter boxes shall be sealed. Joints and seams shall comply with either the International Mechanical Code or International Residential Code, as applicable.
Exceptions:
 1. Air-impermeable spray foam products shall be permitted to be applied without additional joint seals.
 2. For ducts having a static pressure classification of less than 2 inches of water column (500 Pa), additional closure systems shall not be required for continuously welded joints and seams, and locking-type joints and seams of other than the snap-lock and button-lock types.

**Residential Air Conditioning Installation Guidelines for the 2015
International Residential Code
and the 2015 International Energy Conservation Code
with 2017 NYS Supplement**

- Ducts shall be pressure tested to determine air leakage by one of the following methods:
 1. Rough-in test: Total leakage shall be measured with a pressure differential of 0.1 inch w.g. (25 Pa) across the system, including the manufacturer's air handler enclosure if installed at the time of the test. All registers shall be taped or otherwise sealed during the test.
 2. Post construction test: Total leakage shall be measured with a pressure differential of 0.1 inch w.g. (25 Pa) across the entire system, including the manufacturer's air handler enclosure. Registers shall be taped or otherwise sealed during the test.
- *Exception:* A duct air leakage test shall not be required where the ducts and air handlers are located entirely within the building thermal envelope.

A written report of the results of the test shall be signed by the party conducting the test and provided to the code official.
- All ductwork shall be fire blocked at floor levels in concealed spaces
- Field- and shop-fabricated fibrous glass ducts shall be supported in accordance with the SMACNA Fibrous Glass Duct Construction Standards or the NAIMA Fibrous Glass Duct Construction Standards. Field- and shop-fabricated metal and flexible ducts shall be supported in accordance with the SMACNA HVAC Duct Construction Standards—Metal and Flexible as per M1601.4.4
- Factory-made ducts shall be supported in accordance with manufacturer installation instructions as per M 1601.4.4
- All electric shall be installed as per the National Electrical Code and a electric underwriters certificate is required

Provide notarized letter from installer of HVAC certifying that all HVAC work was installed as per the 2015 International Residential Code and the NYS Energy Conservation Code

Installation of appliances shall conform to the conditions of their listing and label and the manufacturer's installation instructions and all applicable codes. The manufacturer's operating and installation instructions shall remain attached to the appliance.

Note: The items listed on this sheet are common deficiencies noted during Air conditioning installation inspections and are not intended to list all code requirements. For all code requirements see the 2015 International Residential Code, 2016 Uniform Code Update and your design professional.



INCORPORATED VILLAGE OF MALVERNE
BUILDING DEPARTMENT
99 CHURCH STREET, MALVERNE, NEW YORK 11565
(516) 599-1200 ext. 113/114

**CENTRAL AIR
SYSTEM
INSPECTION
REQUIREMENTS**

Under NYS Title 19 Section 1203.3 (b) (1) & (2), NYS requires The Incorporated Village of Malverne Department of Buildings inspect and verify all construction items listed below be inspected prior to closing. In the event the inspection is missed, the Homeowner / Contractor will be responsible to OPEN/EXPOSE any or all items as requested by the Department of Building Staff for proper certification. No Certificate of Compliance or Occupancy can be issued if any of the required inspections are not performed.

PROPERTY ADDRESS: MALVERNE, NY 11565		APPLICATION #: BUILDING PERMIT # PLUMBING PERMIT # ELECTRICAL PERMIT #
SECTION:	BLOCK: LOT(S) ZONE	
TOTAL REQUISITE INSPECTIONS REQUIRED		
7		
PROJECT DESCRIPTION	Installation of a central air conditioning system (interior air handler, exterior condenser unit and associated ductwork)	

THE FOLLOWING REQUIRED INSPECTIONS ☒ ITEMS MUST BE PERFORMED AND ACCEPTED PRIOR TO THE ISSUANCE OF THE CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLETION:

REQUIRED INSPECTIONS (DURING CONSTRUCTION AND FINAL INSPECTIONS)	
<input checked="" type="checkbox"/> EXTERIOR CONDENSER LOCATION	<input checked="" type="checkbox"/> ROUGH AND FINAL INSPECTION BY ELECTRICAL INSPECTION AGENCY
<input checked="" type="checkbox"/> AIR HANDER LOCATION AND SUPPORT	<input type="checkbox"/> PLUMBING ROUGH INSPECTION & FINAL INSPECTION
<input checked="" type="checkbox"/> DUCT SEALING	<input type="checkbox"/> PLUMBING GAS TEST
<input checked="" type="checkbox"/> DUCT INSULATION	<input type="checkbox"/> DEMOLITION FINAL
<input checked="" type="checkbox"/> FINAL INCLUDING SEER CONFIRMATION	<input type="checkbox"/> CARBON MONOXIDE DETECTOR(S) & SMOKE DETECTORS
<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:
REQUIRED ADMINISTRATIVE DOCUMENTATION FOR CLOSEOUT	
<input type="checkbox"/> ASBESTOS VERIFICATIONS FROM LICENSED ASBESTOS CONTRACTOR BEFORE AND AFTER REMOVAL	
<input type="checkbox"/> UPDATED PROPERTY SURVEY SHOWING LOCATION OF CONDENSERS	
<input checked="" type="checkbox"/> AIR DUCT LEAKAGE TEST REPORTS (ENERGY CODE MANDATORY IF ANY DUCTWORK IN UNCONDITIONED SPACE)	<input checked="" type="checkbox"/> NOTARIZED INSTALLATION CERTIFICATION LETTER FROM CONTRACTOR
<input checked="" type="checkbox"/> ELECTRICAL AGENCY APPROVAL CERTIFICATE	<input type="checkbox"/> LEAD PAINT REMOVAL VERIFICATION

Electrical Inspection - Electrical inspections are coordinated by your electrician. Your electrician is required to be present during the inspections.

Plumbing Inspection (if Plumbing required– All plumbing inspections are to be coordinated by your plumber. Your plumber is required to be present during inspections. Direct replacement of Plumbing fixtures or New / relocated installations require both a rough plumbing inspection as well as a Final Plumbing inspection. Call Joseph Montilli at (516) 766-7684 to set up an appointment.

Building Inspection – Building inspections are to be coordinated by your contractor. During construction inspections are to be scheduled prior to closing or covering. The final building inspection should not be called for until the final electrical and plumbing (if required) inspections are completed and have passed inspection. A representative for the contractor must be present during the final inspection. Call (516) 599-1200 X113/114 to set up an appointment.

DISCLAIMER: The ultimate responsibility lies with the owner to confirm that all inspection requirements have been met. I (We) have read, understand and **AGREE** the checked requirement will be scheduled. Should an inspection be missed, I (We) will “OPEN/EXPOSE” the required area(s) per the inspector request for proper verification under NYCRR Title 19, Section 1203. The premise will also not be allowed to be utilized or occupied until a Certificate of Completion or Certificate of Occupancy are issued.

Per NYCRR Title 19, Section 1203 – All Department of Building Permits are required to be visibly displayed at the work site and to remain visible until the project has been completed.

	PRINT	Signature	Date
Property Owner			
Contractor			

48 HOUR NOTICE MUST BE GIVEN FOR EACH INSPECTION – THIS IS A MINIMAL CHECKLIST – OTHER INSPECTIONS NOT CHECKED OFF OR UNLISTED MAY BE REQUIRED ON AN INDIVIDUAL PROJECT BASIS – ALL INSPECTIONS SHALL BE MADE WITH THE VILLAGE BUILDING DEPARTMENT OFFICE, NOT DIRECTLY WITH THE INSPECTOR



INCORPORATED VILLAGE OF MALVERNE
BUILDING DEPARTMENT
99 CHURCH STREET, MALVERNE, NEW YORK 11565
(516) 599-1200 ext. 113/114

**DUCTLESS SPLIT AIR
CONDITIONING
SYSTEM INSPECTION
REQUIREMENTS**

Under NYS Title 19 Section 1203.3 (b) (1) & (2), NYS requires The Incorporated Village of Malverne Department of Buildings inspect and verify all construction items listed below be inspected prior to closing. In the event the inspection is missed, the Homeowner / Contractor will be responsible to OPEN/EXPOSE any or all items as requested by the Department of Building Staff for proper certification. No Certificate of Compliance or Occupancy can be issued if any of the required inspections are not performed.

PROPERTY ADDRESS: SECTION: BLOCK: LOT(S) ZONE		APPLICATION #: MECHANICAL PERMIT # PLUMBING PERMIT # ELECTRICAL PERMIT #
TOTAL REQUISITE INSPECTIONS REQUIRED 5		
PROJECT DESCRIPTION	Installation of a ductless split air conditioning system	

THE FOLLOWING REQUIRED INSPECTIONS **CHECKED (☑) ITEMS** MUST BE PERFORMED AND ACCEPTED PRIOR TO THE ISSUANCE OF THE CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLETION:

REQUIRED INSPECTIONS (DURING CONSTRUCTION AND FINAL INSPECTIONS)	
<input checked="" type="checkbox"/> EXTERIOR CONDENSER LOCATION(S)	<input checked="" type="checkbox"/> ROUGH INSPECTION BY ELECTRICAL INSPECTION AGENCY
<input checked="" type="checkbox"/> FINAL INCLUDING SEER RATING CONFIRMATION	<input checked="" type="checkbox"/> FINAL INSPECTION BY ELECTRICAL INSPECTION AGENCY
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> PLUMBING GAS PRESSURE TEST
<input type="checkbox"/>	<input type="checkbox"/> PLUMBING ROUGH
<input type="checkbox"/>	<input type="checkbox"/> PLUMBING FINAL
<input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> CARBON MONOXIDE DETECTOR(S) & SMOKE DETECTORS
REQUIRED ADMINISTRATIVE DOCUMENTATION FOR CLOSEOUT	
<input type="checkbox"/>	
<input type="checkbox"/> UPDATED PROPERTY SURVEY SHOWING LOCATION OF CONDENSERS	
<input checked="" type="checkbox"/> ELECTRICAL AGENCY APPROVAL CERTIFICATE	

Electrical Inspection - Electrical inspections are coordinated by your electrician. Your electrician is required to be present during the inspections.

Plumbing Inspection (if Plumbing required)—All plumbing inspections are to be coordinated by your plumber. Your plumber is required to be present during inspections. Direct replacement of Plumbing fixtures or New / relocated installations require both a rough plumbing inspection as well as a Final Plumbing inspection. Call Joseph Montilli at (516) 766-7684 to set up an appointment.

Building Inspection — Building inspections are to be coordinated by your contractor. During construction inspections are to be scheduled prior to closing or covering. The final building inspection should not be called for until the final electrical and plumbing (if required) inspections are completed and have passed inspection. A representative for the contractor must be present during the final inspection. Call (516) 599-1200 X113/114 to set up an appointment.

DISCLAIMER: The ultimate responsibility lies with the owner to confirm that all inspection requirements have been met. I (We) have read, understand and **AGREE** the checked requirement will be scheduled. Should an inspection be missed, I (We) will "OPEN/EXPOSE" the required area(s) per the inspector request for proper verification under NYCRR Title 19, Section 1203. The premise will also not be allowed to be utilized or occupied until a Certificate of Completion or Certificate of Occupancy are issued.

Per NYCRR Title 19, Section 1203 – All Department of Building Permits are required to be visibly displayed at the work site and to remain visible until the project has been completed.

	PRINT	Signature	Date
Property Owner			
Contractor			

48 HOUR NOTICE MUST BE GIVEN FOR EACH INSPECTION – THIS IS A MINIMAL CHECKLIST – OTHER INSPECTIONS NOT CHECKED OFF OR UNLISTED MAY BE REQUIRED ON AN INDIVIDUAL PROJECT BASIS – ALL INSPECTIONS SHALL BE MADE WITH THE VILLAGE BUILDING DEPARTMENT OFFICE, NOT DIRECTLY WITH THE INSPECTOR

MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY

Phone 516-599-1200 Fax 516-823-0767

Residential Generator Application Guidelines

- Electrical permit application
- Manufacturer installation manual/specs for generator
- A copy of tax bill/proof of ownership if not on file
- *All* contractor licensed with the village
- Copy of survey indicating location of proposed generator with **dimensions to property line and to all structures***

**For Zoning purposes the location shall comply with accessory structure setbacks
(Permitted in required side yards)*

For Residential Code purposes, location shall comply with the following requirements of NFPA 37-2010, engines and their weatherproof housing shall be located 5 feet from any wall openings and combustible walls.

A minimum separation shall not be required where either of the following conditions exist:

- 1. The adjacent wall has fire resistance rating of 1 hour**
- 2. The weatherproof enclosure is constructed of noncombustible materials and it has been demonstrated that a fire within the enclosure will not ignite combustible materials outside the enclosure**

- Generator shall be supported on foundations or secured to noncombustible framework.
- Generator shall be located that exhaust gases will not collect adjacent to, enter into or be drawn into an occupied building
- All electric shall be installed as per the National Electrical Code
- Installation of appliances shall conform to the conditions of their listing and label and the manufacturer's installation instructions, NFPA 37-2010 and all applicable codes. The manufacturer's operating and installation instructions shall remain attached to the appliance

Required for Certificate of Compliance:

1. Electric certificate
2. Pressure test (Natural gas only)
3. Fire Marshal Approval (LP Gas Installation)

MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY
Phone 516-599-1200 Fax 516-823-0767

NATURAL GAS GENERATOR METER AND PIPE SIZING

Appliance	BTU's	Pipe Size

Total BTU's _____

Meter and Piping Size to be installed based upon BTU demand.

Address _____

Application # _____ Date _____

Incorporated Village of Malverne

Building Department

99 Church Street, Malverne New York 11565-1726

Phone: (516) 599-1200 • Fax: (516) 823-0767

AFFIDAVIT OF CENTRAL AIR CONDITIONING INSTALLATION

STATE OF NEW YORK

COUNTY OF NASSAU

I, _____, owner/installer of

(COMPANY NAME)

Affirm and Attest that the installation of the central air conditioning system at:

_____, Malverne, New York, Permit No: _____

Was installed as per the approved permit documents and as per all applicable NYS Codes.

Company Name

By:

Signature

Print Name/Title

Sworn to before me this _____

day of _____ 20__

Notary Signature

Seal:



Incorporated Village of Malverne
BUILDING DEPARTMENT

99 Church Street, Malverne New York 11565-1726
Phone: (516) 599-1200 • Fax: (516) 823-0767

**RESIDENTIAL SMOKE DETECTOR &
CARBON MONOXIDE AFFIDAVIT**

State of New York

Building Permit # _____

ss:

County of Nassau

Plumbing Permit # _____

I _____ am the owner of real property located at:

_____ Malverne, New York.

I hereby attest the premises is a one or two family dwelling and affirm that in accordance with the provisions of Section R314.2 of the 2015 New York State Residential Code smoke detectors have been installed, maintained, and are in operable condition in the dwelling as noted below.

1. Outside each separate sleeping area in the immediate vicinity of the bedrooms.
2. In each room used for sleeping purposes.
3. In each additional story within the dwelling unit, including basements and habitable attics, while excluding crawl spaces, and uninhabitable attics.
4. Interconnection of all smoke alarms shall be mandatory when interior wall and ceiling finishes are removed to expose the structure and or there is an attic, crawl space, or basement available that could provide access for interconnection. Approved wireless units are also acceptable.

I hereby attest that in accordance with the provisions of Section R315.2 of the 2015 New York State Residential Code carbon monoxide detectors have been installed, maintained, and are in operable condition in the dwelling where a carbon monoxide source exists as noted below. Sources include but are not limited to gas or oil fired boilers, furnaces, and water heaters, wood or gas fireplaces, wood or coal stoves, and attached garages.

1. Outside each separate sleeping area in the immediate vicinity of the bedrooms.
2. If there is a carbon monoxide source in the bedroom or an attached bathroom there shall be one located in the bedroom.
3. Approved combination smoke alarms / carbon monoxide detectors are acceptable.

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO THE PENAL LAW OF NY STATE

Dated: _____

Signature _____

Sworn to before me this _____ day of _____ 20

Owner - Print Name

Notary