

MALVERNE BUILDING DEPARTMENT APPLICATION

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

PLUMBING PERMIT

(Page 1 of 2)

Incomplete applications will not be accepted. All fees are non-refundable

Date: _____ Permit App # _____

Owner Name: _____ Phone # _____ Email: _____

Address of Project: _____ Malverne, NY 11565

Check all that apply:

Residential: ___ Commercial: ___ As Built: ___ New Work: ___ Direct Replace: _____

Scope of Work: _____

Application Instructions and Information:

- Separate HVAC and Gas Fueled Generator permit application is required for any Hot Air Furnaces, HVAC combo and split units, make up air units, generators, and central air systems.
- Separate plumbing permit shall be filed for Heating Systems, as applicable. A separate Certificate of Compliance is required.
- Signed and Sealed P.E. or R.A. Plumbing drawings may be required for new commercial work.
- By signing this application the licensed plumber acknowledges that although any NYS Code required chimney liner and/or carbon monoxide detector that is installed is "by others", they accept full responsibility for the procurement and installation of same. They also attest and affirm that only lead free solder and lead free potable water fittings and valves will be used during plumbing installations.
- Schematic Sanitary Riser Diagram is required for new sanitary waste plumbing work.
- Carbon Monoxide / Smoke Detector Affidavit is required for stand-alone Residential applications.
- Plumbing Permit shall be required for direct replacements of sinks, showers, bathtubs and toilets. Existing fittings and piping may not be code compliant.
- Signed and Sealed P.E. or R.A. drawings required for ALL Fire Sprinkler Systems. Commercial Systems require proof of application and approval from the Nassau County Fire Marshal.
- All **plumbing inspections** shall be scheduled directly with the plumbing inspector at **516-766-7684**. Please have your plumbing permit number and project address available. **Plumbing Inspections are performed on Tuesdays, Wednesdays and Thursdays. Please call on Monday AM to schedule inspection for the same week. We will schedule inspections on a first come first serve basis providing a two hour window to expect the inspector. Please ensure that all work is complete at the time of scheduling. All gas tests shall be for entire facility system, existing and new, and not localized. Licensed plumber of record shall be present at inspections.**
- Fuel Oil Tank abandonments shall be file under a separate village permit application.

Plumbers Name: _____ Malverne License #: _____

Phone #: _____ Email Address: _____

Signature of Plumber (notarized)

Sworn to before me this _____ day of _____

NOTARY SIGNATURE _____

SEAL:

Signature of Property Owner (notarized)

Sworn to before me this _____ day of _____

NOTARY SIGNATURE _____

SEAL:

Village Approval Signature and Stamp

No registered plumber shall sign a plumbing permit or act as an agent for a person who is not a licensed 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, Energy Conservation, and Mechanical Codes and all Village Ordinances for which this permit is issued. No work is to be performed until a permit has been issued by the Incorporated Village of Malverne.

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PLUMBING PERMIT

(Page 2 of 2)

Address: _____ Permit / App # _____

TABLE 1

# FIXTURES / DEVICES TO BE INSPECTED	KITCHEN SINK	BATHROOM SINK	TOILET	SHOWER	BATHTUB	GAS STOVE / OVEN	ICE MAKER	URINAL	DISHWASHER	FLOOR DRAIN	FLOOR SINK	MOP SINK / LAUNDRY TUB	GREASE TRAP	BIDET	GAS BBQ	GAS FIRE PLACE	CLOTHES WASHER	GAS DRYER	RESIDENTIAL FIRE SPRINKLER HEAD	GAS SWIMMING POOL HEATER	DRINKING FOUNTAIN	ROOF DRAIN	OTHER: _____	
BASEMENT																								
FIRST FLR																								
SECOND FLR																								
ATTIC																								
EXTERIOR																								

Table 1 Plumbing Permit Fees: \$60.00 First Fixture / Device Plus \$12.00 Each Additional Fixture / Device

Total Number of Fixtures = _____

TABLE 2

# FIXTURES / DEVICES / PLUMBING TO BE INSPECTED	NEW GAS PIPING \$25.00 PER UNIT (INCLUDES GAS TEST)	NEW POTABLE WATER PIPING \$25.00 PER ROOM	NEW SANITARY WASTE PIPING \$25.00 PER ROOM	BOILER \$50.00	WATER HEATER \$50.00	HOT WATER STOR TANK \$50.00	SEWER EJECTOR PUMP \$25.00	BACK FLOW PREVENTER \$25.00	COMBO BOILER / WATER HTR \$50.00	GAS CONVERSION / CHIMNEY LINER \$50.00	WATER SERVICE \$60.00	SEWER SERVICE \$50.00	FUEL OIL TANK (INTERIOR OR ABOVE GROUND) \$75.00	COMMERCIAL FIRE SPRINKLER SYSTEM (based on cost of installation)	OTHER: _____
BASEMENT															
FIRST FLOOR															
SECOND FLOOR															
ATTIC															
EXTERIOR															

Table 2 Plumbing Permit Fees: All Fees per Unit or per Room/Area

Fee from Table 1 = _____

Fee from Table 2 = _____

Certificate of Compliance (if applicable) = _____

(Standalone Plumbing Permits require a \$100.00 fee for Certificate of Compliance)

TOTAL PLUMBING PERMIT FEE =

Village Approval Signature and Stamp



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