

MALVERNE BUILDING DEPARTMENT APPLICATION

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

COMMERCIAL CENTRAL AIR / HVAC / GENERATOR PERMIT

PAPER COPY SUBMITTAL

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

This application must be submitted with:

- Submit one copy survey/plot plan indicating of exterior unit locations including proposed set back dimensions to property lines. 4 feet minimum to side and rear lot lines and not in any front yard or front of structure facing the street.
- Submit Manufacturer's specification sheets for ALL equipment – including Energy Information (SEER)
- Separate Electrical permit application for electrical work and Separate Plumbing permit application for Gas / Water Piping and Boilers / Water Heaters
- Submit 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.
- Submit Inspection Requirements form signed by the contractor or property owner.
- Signed and Sealed P.E. or R.A. HVAC drawings required for new commercial systems.

Date: _____ Permit App # _____

Owner Name: _____ Phone # _____ Email: _____

Address of Project: _____ Malverne, NY 11565

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

| TYPE OF EQUIPMENT | # UNITS | FEE/UNIT | TOTAL |
|--|---------|----------|----------|
| Ducted Cooling System (Per Set of Air Handler/Condenser) | _____ | \$300.00 | \$ _____ |
| Ducted Hot Air Furnace | _____ | \$300.00 | \$ _____ |
| Ductless Mini Split System (Per Exterior Inverter) | _____ | \$200.00 | \$ _____ |
| Electric Generator | _____ | \$300.00 | \$ _____ |
| Other: _____ | _____ | \$300.00 | \$ _____ |

Certificate of Compliance / Letter in Lieu \$300.00 per permit \$ _____

HVAC PERMIT FEE \$ _____

Maintain and Legalize / As Built Surcharge 100% of the total permit fee \$ _____

HVAC TOTAL PERMIT FEE (Electrical and Plumbing Permits Separate Applications and Fees) \$ _____

Heating Appliance Fueled by: (Pick all that apply: Propane Natural Gas Electric Fuel Oil Other) _____

Ductwork: (New Reuse Existing) _____

Indicate Number of Air Handlers for either ducted or ductless systems: _____

Indicate Locations of all Air Handlers for either ducted or ductless systems:

Basement: _____ First Floor: _____ Second floor: _____ Third Floor: _____ Attic: _____ Other: _____

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

Signature of HVAC Contractor _____

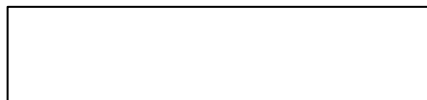
Signature of Property Owner _____

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 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
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 |
| | | | | | |

| | | |
|----------------------|---------------------------------|------------------|
| 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 | CONTACT PERSON |
|---------------------|-----|----------------|

| | | |
|---------------------------------|---|------------------|
| ESTIMATED COST OF CONSTRUCTION: | <input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE | ADDRESS |
| | | CITY, STATE, ZIP |
| | | PHONE |

| | | |
|---------------|--------------------------------|-------|
| DATE TO BEGIN | PRINCIPLE TYPE OF CONSTRUCTION | EMAIL |
|---------------|--------------------------------|-------|

| | |
|------------------|--------------------------------|
| DATE TO COMPLETE | <input type="checkbox"/> STEEL |
|------------------|--------------------------------|

| | |
|---------------|----------------------------------|
| LOT SIZE S.F. | <input type="checkbox"/> MASONRY |
|---------------|----------------------------------|

| | | |
|----------------|--------------------------------|---|
| # BLDGS ON LOT | <input type="checkbox"/> OTHER | Grouping or apportioning lots? Yes _____ No _____ |
|----------------|--------------------------------|---|

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

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

**COMMERCIAL
 HVAC 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 Property Owner / 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 | HVAC PERMIT # PLUMBING PERMIT # ELECTRICAL PERMIT # |
| SECTION: | BLOCK: LOT(S) | |
| PROJECT DESCRIPTION | Installation of HVAC 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 AND SUPPORT | <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 |
| <input checked="" type="checkbox"/> DUCT SUPPORT | <input type="checkbox"/> |
| <input type="checkbox"/> OTHER: | <input checked="" type="checkbox"/> FINAL INCLUDING SEER CONFIRMATION |
| 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 type="checkbox"/> AIR DUCT LEAKAGE TEST REPORTS HIGH PRESSURE DUCTS ONLY | <input checked="" type="checkbox"/> NOTARIZED INSTALLATION CERTIFICATION 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 required) Plumbing inspections are to be coordinated by your plumber. During construction inspections are to be scheduled prior to closing or covering. Call (516) 599-1200 X113/114 to set up an appointment
Building Inspection – Building inspections are to be coordinated by your HVAC contractor. During construction inspections are to be scheduled prior to closing or covering. The final 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