



INCORPORATED VILLAGE OF PORT JEFFERSON

88 North Country Road, Port Jefferson, NY 11777
Telephone: (631) 473-4744 Fax: (631) 473-2049

**INFORMATION REQUIRED FOR OBTAINING A PERMIT FOR THE
FOLLOWING:
ELECTRICAL, MECHANICAL AND PLUMBING**

To avoid delay in the processing of your application, be sure all information is included with your application. Incomplete applications will not be accepted.

A complete application should consist of the following:

1. Four (4) copies of a completed application form.
2. Four (4) sets of plans.
3. Evidence of ownership by current tax bill or deed.
4. Proof of insurance, worker's compensation and liability for all contractors.
5. Copy of Suffolk County License for all contractors.
6. Copy of Certificate of occupancy or Certificate of existing use for dwelling.
7. Payment by check or money order \$75.00 or 0.5% of cost, whichever is greater.
8. Survey showing equipment location and setbacks.

Please call Port Jefferson Village at (631) 473-4744 to schedule a final inspection. Twenty-four hours notice is required. All work must be completed within ONE year.



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PLEASE TYPE OR PRINT CLEARLY

Date Received:

Date of Application	Permit No.	Fee:	Section Block Lot	
Owner of Property		Contact Person		
Applicant (if different than Owner)		Contractor		
Telephone	Email	Address		
LOCATION OF WORK		Telephone		
Cost or Work		Registration No.		
Building Type (Circle One)	Residential	Commercial	Industrial	
Type of Work (Circle One)	New	Alteration	Repair	Other
Type of Fuel (Circle One)	Oil	Gas	LPG	Electric
Total Cost of Mechanical Work				

TYPE OF EQUIPMENT	QUANTITY	DESCRIPTION
Air Conditioning Units – H.P. Ea.		
Refrigeration Units – H.P. Ea.		
Boilers – H.P. Ea.		
Forced Air Systems – B.T.U.		
Gravity Systems – B.T.U.		
Floor Furnaces – B.T.U.I.		
Wall Heaters – B.T.U.		
Unit Heaters – B.T.U.		
Conversion Burner		
Clothes Dryers		
Ventilation Fan		
Range Hood		
Air Handling C.F.M.		
Incinerator		
Gas Piping		
Range (Circle One) Com. Dom.		
Other		

Please call Port Jefferson Village at (631) 473-4744 to schedule an inspection. Twenty-four hours notice is required. All work is to comply with 2007 NYSMC codes. All work must be completed within ONE year. Application is hereby made for a permit to install or alter any mechanical service and or systems and or heating systems at the location above.

Signature of Applicant _____

Building Official _____



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OWNER'S AFFIDAVIT

OWNER: This section must be completed for all applications. (Separate sheets may be used for multiple owners)

Be advised that I am the owner of record of the property referenced herein and hereby consent to this application. By this application, I hereby authorize employees or agents of the Incorporated Village of Port Jefferson, in conjunction with this application, to enter and inspect the project site as necessary.

Owners Name: _____

Address: _____

If owner is a corporation, give the name and title of responsible officer:

Name: _____ Title: _____

IN WITNESS WHEREOF I have hereto set my had this _____ day of _____ 20_____

(Owner Signature)

STATE OF NEW YORK)

) SS.:

COUNTY OF SUFFOLK)

On the _____ day of _____ in the year _____ before me the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to be within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Notary Public)



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GAS SUPPLY LINE TEST CERTIFICATION

Building Permit No. _____ Date: _____

Job Site Address: _____

Owner: _____ (Please Print)

Plumber: _____ (Please Print)

I certify that the Gas supply lines have been installed and tested in accordance with the Fuel Gas Code of New York State including section 404 and 406.

Installation:

- Residential Installation
- Commercial Installation

Please Check Combustion Appliance Installed:

- | | |
|--|--|
| <input type="checkbox"/> Heating Equipment | <input type="checkbox"/> Kitchen Range |
| <input type="checkbox"/> Hot Water Heater | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fireplace/Stove | <input type="checkbox"/> Other _____ |

Test Pressure: _____ Test Duration: _____ Pass Fail

Comments: _____

I certify I am the licensed plumber (License # _____) that installed all Gas supply lines on the above referenced premises.

I affirm that all information provided in this document is true and factual.

False statements made herein are punishable as a Class "A" misdemeanor pursuant to Section 210.45 of the Penal Law

Plumber Signature

State of New York, County of _____

On this _____ day of _____, 20____, before me came _____
to me known to be the individual described in and who executed the forgoing instrument, and acknowledged that he/she executed the same.

Notary Public State of New York