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.
<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Permit No.</th>
<th>Fees</th>
<th>Section Block Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner of Property</td>
<td>Contact Person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applicant (if different than Owner)</td>
<td>Contractor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>Email</td>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>LOCATION OF WORK</td>
<td>Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost or Work</td>
<td>Registration No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building Type (Circle One)</td>
<td>Residential</td>
<td>Commercial</td>
<td>Industrial</td>
</tr>
<tr>
<td>Type of Work (Circle One)</td>
<td>New</td>
<td>Alteration</td>
<td>Repair</td>
</tr>
<tr>
<td>Type of Fuel (Circle One)</td>
<td>Oil</td>
<td>Gas</td>
<td>LPG</td>
</tr>
</tbody>
</table>

**TYPE OF EQUIPMENT**

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Conditioning Units - H.P. Eq.</td>
<td></td>
</tr>
<tr>
<td>Refrigeration Units - H.P. Eq.</td>
<td></td>
</tr>
<tr>
<td>Boilers - H.P. Eq.</td>
<td></td>
</tr>
<tr>
<td>Forced Air Systems - B.T.U.</td>
<td></td>
</tr>
<tr>
<td>Gravity Systems - B.T.U.</td>
<td></td>
</tr>
<tr>
<td>Floor Furnaces - B.T.U.</td>
<td></td>
</tr>
<tr>
<td>Wall Heaters - B.T.U.</td>
<td></td>
</tr>
<tr>
<td>Unit Heaters - B.T.U.</td>
<td></td>
</tr>
<tr>
<td>Conversion Burner</td>
<td></td>
</tr>
<tr>
<td>Clothes Dryers</td>
<td></td>
</tr>
<tr>
<td>Ventilation Fan</td>
<td></td>
</tr>
<tr>
<td>Range Hood</td>
<td></td>
</tr>
<tr>
<td>Air Handling - C.F.M.</td>
<td></td>
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<tr>
<td>Incinerator</td>
<td></td>
</tr>
<tr>
<td>Gas Piping</td>
<td></td>
</tr>
<tr>
<td>Range (Circle One) Comm. Dom.</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Please call Port Jefferson Village at (631) 473-4744 to schedule an inspection. Twenty-four hour 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
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 hand 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)
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:

☐ Heating Equipment
☐ Hot Water Heater
☐ Fireplace/Stove
☐ Kitchen Range
☐ Other ________________
☐ 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 foregoing instrument, and acknowledged that he/she executed the same.

__________________________________________________________________________  Notary Public State of New York
CUSTOMER OWNED GAS PIPING INSPECTION CERTIFICATE

The undersigned installation contractor hereby represents and warrants that all gas piping and related appliances, appurtenances and equipment installed at the premises described herein have been installed in accordance with all applicable codes, regulations and standards in effect as of the date of this Certificate including, but not limited to, the Fuel Gas Code of New York State, the National Fuel Gas Code, the National Grid Blue Book and the original equipment manufacturer's specifications, guidelines and installation instructions.

The undersigned installation contractor further represents and warrants that all gas piping installed at the premises described herein has been subjected to and passed the pressure test requirements as outlined in the Fuel Gas Code of New York State and National Grid Specifications and Requirements for Gas Installations as written in the Blue Book. The installation contractor MUST include a historical sketch of the underground piping location as required per the Blue Book, Section 8.4 with this Certificate.

The undersigned installation contractor acknowledges that National Grid is relying upon the installation contractor's representation and warranties, as well as the accuracy of the information contained in this Certificate, as a condition to turning on the natural gas services at the premises described herein.

<table>
<thead>
<tr>
<th>Customer Name</th>
<th>(Please print)</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>(Street - City)</td>
<td></td>
</tr>
<tr>
<td>Daytime Phone</td>
<td>Evening Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Contractor Name</td>
<td>(Please print)</td>
<td>(Authorized Signature)</td>
</tr>
<tr>
<td>Business Location</td>
<td>(Street - City)</td>
<td></td>
</tr>
<tr>
<td>Daytime Phone</td>
<td>Cell Phone</td>
<td>License #</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County: Suffolk  Nassau</td>
</tr>
</tbody>
</table>

The installation contractor MUST check and complete the following information for all underground gas piping that has been installed at the subject premises in accordance with this Certificate. Please include the name of the pipe manufacturer, lot number of the pipe installed and the size of the pipe installed.

- **Installed Pipe Size**: Pipe Installed at Minimum Depth of 18"?
  - [ ] Yes
  - [ ] No

- **Plastic**: Pipe Manufacturer
  - Mechanical Fittings Used?
    - [ ] Yes
    - [ ] No
  - Tracer Wire Installed?
    - [ ] Yes
    - [ ] No
  - Non-Metallic Caution Tape?
    - [ ] Yes
    - [ ] No
  - Lot Number
  - Plastic Fusions?
    - [ ] Yes
    - [ ] No
    - # Made
  - Metallic Caution Tape?
    - [ ] Yes
    - [ ] No
  - Pressure Test @ p.s.i.
  - Duration Time (Hrs/Min)
  - Historical Sketch Provided?
    - [ ] Yes
    - [ ] No
  - Local Municipality/Town Pressure Test Certificate Provided?
    - [ ] Yes
    - [ ] No
  - Plumbing Permit #
  - Coated Steel: Anode(s) - Number/Weight
  - Cadweld
    - [ ] Yes
    - [ ] No

- **Equipment / Appliances Installed**:
  - Generator
    - [ ] Yes
    - [ ] No
  - Pool Heater
    - [ ] Yes
    - [ ] No
  - Barbecues
    - [ ] Yes
    - [ ] No
  - Water Heater
    - [ ] Yes
    - [ ] No
  - Other (Specify)
  - House Heat
    - [ ] Yes
    - [ ] No
  - Meter Header
    - [ ] Yes
    - [ ] No

NATIONAL GRID USE ONLY

<table>
<thead>
<tr>
<th>Technician/Responder</th>
<th>(Employee Name/Number)</th>
<th>Meter Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turned On</td>
<td>(Date)</td>
<td>Grid #</td>
</tr>
</tbody>
</table>
|                       |                         | Residential
|                       |                         | Non-Residential |
INSTRUCTIONS:
1. SHOW METER IN RELATION TO BUILDING.
2. SHOW UNDERGROUND PIPING AND INDICATED DIMENSIONS AND PIPING ROUTE.
3. SHOW LOCATION AND TYPE OF REMOTE APPLIANCE (GENERATOR, POOL, HEATER, ETC.)
4. INDICATE NORTH ARROW.
5. INDICATE STREET & ADDRESS.