



INCORPORATED VILLAGE OF PORT JEFFERSON

Building & Planning Department

88 North Country Road, Port Jefferson, NY 11777

Ph (631) 473-4744 Fax (631) 473-2049

www.portjeff.com

MECHANICAL PERMIT

**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.

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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MECHANICAL PERMIT

Date of Application: _____ Permit No.: _____ Fee: _____ Section Block Lot: _____

Owner of Property: _____ Contact Person: _____

Applicant (if different than Owner): _____ Contractor: _____

Phone: _____ E-Mail: _____ Address: _____

Location of Work: _____ Phone: _____

Cost of Work: _____ Registration No.: _____

Building Type: _____ Residential _____ Commercial _____ Industrial

Type of Work: _____ New _____ Alteration _____ Repair _____ Other

Type of Fuel: _____ 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.	_____	_____
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 _____ 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: _____

I understand that false statements made herein are punishable as a Class A misdemeanor pursuant to §210.45 of the New York State Penal Law. _____ Read and acknowledged

Building Official: _____ Date Received: _____



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OWNER'S CERTIFICATION

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.

Owner's Name: _____

Address: _____

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

Name: _____ Title: _____

I understand that false statements made herein are punishable as a Class A misdemeanor pursuant to §210.45 of the New York State Penal Law. ____ Read and acknowledged



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GAS SUPPLY LINE TEST CERTIFICATION

Building Permit No: _____ Date: _____

Job Site Address: _____

Owner: _____

Plumber: _____

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	____ Kitchen Range
____ Hot Water Heater	____ Other _____
____ Fireplace/Stove	____ Other _____

Test Pressure: _____ Test Duration: _____ Pass _____ Fail

Comments: _____

I certify that 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.

Plumber Signature

I understand that false statements made herein are punishable as a Class A misdemeanor pursuant to §210.45 of the New York State Penal Law. ____ Read and acknowledged