



VILLAGE OF PLANDOME MANOR

55 Manhasset Avenue, Manhasset, NY 11030

Tel. (516) 627-3701 • Fax (516) 627-7067 • clerk@plandomemanor.ny.gov

PLUMBING/ HVAC / SEPTIC & DRAINAGE/ OIL TANK/ GENERATOR

REQUIREMENTS AND CHECKLIST

The Plumbing Application.

PLUMBING/GENERATOR APPLICATION

- Owner's Affidavit
- Plumbing Riser Diagram with size of pipes
- Plumber's name, address, telephone number and license number
- Fixtures checked on back of permit
- Electrician name, address, telephone number and license number

SEPTIC & DRAINAGE APPLICATION

- Owner's Affidavit
- Contractor's name, address, telephone number and license number
- Survey showing location of drainage
- Section of dry wells or septic showing size
- Calculation on 3 inches rainfall (driveway run-off must be included)

HVAC APPLICATION

- Owner's Affidavit
- Contractor's name, address, telephone number, license number
- Survey showing location of HVAC units

BURNER/OIL TANK APPLICATION

- Owner's Affidavit
- Plumber's name, address, telephone number and license number
- Make/Model Number of Burner

FEES

PLUMBING PERMIT APPLICATION	\$100.00 PLUS \$20.00 Per Fixture
CERTIFICATE OF COMPLETION	\$200.00 (PAID UP FRONT)
* SANITARY/SEWAGE SEPTIC TANK	\$100.00
* SANITARY/STORMWATER LEACHING POOL	\$75.00

MAYOR
Barbara C. Donno

VILLAGE ATTORNEY
John Farrell, Esq.

TRUSTEES
Matthew Clinton
Tony DeSousa
Patricia O'Neill, RA, AIA
James Baydar, Esq.

BUILDING INSPECTOR
Edward P. Butt, RA, AIA

CODE ENFORCEMENT OFFICER
Jack Mancusi

VILLAGE CLERK
Katherine Hannon

VILLAGE TREASURER
Marie DePalo



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GENERATOR PROCEDURES

REQUIREMENTS AND CHECKLIST

1. The Plumbing Application in duplicate (with notarized owner's & plumbers' affidavit)
2. Complete Nassau County Assessment form
3. Provide a survey of the property with the proposed location of generator.
4. Generator can only be located in the side or rear yard; and must maintain a minimum set-back of 15 feet.
5. Plumber & Electrician insurance certificates (worker's compensation, disability, general liability, and copy of town or county license)
6. Permit fee \$320.00 (which includes permit fee, fixture fee and CC fee)

All permit applications need to be accompanied by:

- General Liability Insurance certificate (accord form) – Village of Plandome Manor must be both the certificate holder and additionally insured.
- Certificate of Worker's Compensation Insurance (U-26.3 state form) (issued by the NYS Insurance Fund) - Village of Plandome Manor must be the certificate holder.
- Disability Insurance Certificate (DB-120.1 state form) (issued by the NYS Workman's Compensation Board) - Village of Plandome Manor must be the certificate holder.
- Copy of Contractors Nassau County or TONH License

****ALL CERTIFICATES MUST LIST THE "Village of Plandome Manor, 55 Manhasset Avenue, Manhasset, NY 11030" as the Certificate holder & Additional insured.**

All above paperwork can be emailed to clerk@plandomemanor.ny.gov

PLEASE PUT PROJECT ADDRESS AND NAME IN THE EMAIL SUBJECT LINE.

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INCORPORATED VILLAGE OF PLANDOME MANOR

55 Manhasset Avenue

Plandome Manor, New York 11030

(516) 627-3701

APPLICATION FOR PERMIT

PLUMBING, HEATING, DRAINAGE, SEWAGE DISPOSAL, HVAC & GENERATOR

This application shall be filled out in its entirety both front and back. When approval stamp with signature is affixed below and returned to you, then this application becomes a Plumbing, Heating, Drainage, Sewage Disposal and HVAC Permit. The application process and permit are subject to the conditions printed on the back. The Applicant is admonished to read the conditions on the back carefully. PLEASE COMPLETE BOTH SIDES OF THIS FORM.

All permits issued by the Building Department are strictly subject to the Zoning and Building Codes of the Incorporated Village of Plandome Manor and all New York State fire codes and construction codes applicable on the date of the application. NO ERROR OR OMISSION IN THE ISSUANCE OF A PERMIT SHALL LEGALIZE ANY CONSTRUCTION OR USE OTHERWISE PROHIBITED BY LAW.

NEW BUILDING [] ADDITION [] REPAIR [] PLUMBING [] GENERATOR []
BURNER/OIL TANK [] DRAINAGE [] HVAC [] GAS PIPING []

Section: Block: Lot (s): Date:

Address of Permit Activity:

Street Address: City:
State: Zip Code: Tele Number:
Zone: Cross Street:

Owner's Information:

Last Name: First Name: Corp. Name:
Street Address: City:
State: Zip Code: Tele Number:
Email Address:

() Plumber () HVAC Contractor () Sprinkler Contractor () Drainage Contractor () Generator Contractor

Plumber/Contractor Information:

Last Name: First Name: Corp. Name:
Street Address: City & State:
Zip Code: Tele Number: Cell Number: License No.:
Email:

Electrical Contractor Information: () Generator Contractor

Last Name: First Name: Corp. Name:
Street Address: City & State:
Zip Code: Tele Number: Cell Number: License No.:
Email:

OWNERS AFFIDAVIT

I (we) hereby certify that:

- 1. I (we) agree to permit the Plumbing Inspector and any officer or employee of the Incorporated Village of Plandome Manor to enter upon the premises in the discharge of their duties with this application.
2. Permit shall expire three [3] months from the date of issuance unless construction is in progress. No work is to be started until permit has been received and posted by the owner/applicant/plumber.
3. Plumbing Inspector shall be given a minimum of 48 hours notice to make the required inspection and no work shall continue until such inspection has been completed and approved.
4. Contractor shall be responsible to arrange for all required inspections.
5. I certify that all installations will be in accordance with the Code of the Incorporated Village of Plandome Manor and the New York State Building Construction Code and lead free solder composition equal to or less than 0.2% lead, according to ASTM B32.

I submit this affidavit with full knowledge that the Building Department and the Incorporated Village of Plandome Manor rely upon the truth of the statements and information contained herein.

(Property Owner) deposes and says that he/she resides at in the State of, that he/she is the owner in fee of all certain lots, parcel of land shown on the attached survey Section Block Lot(s) Situated, lying and being within the village area of Plandome Manor; that I/we have read and understand items 1 through 5 as herein stated, that the work to be done on the premises, will be done in accordance with the approved application and accompanying plans, of which he/she is totally familiar and that he/she hereby names contractor listed below as his/her representative to file this application on his/her behalf.

Signature of Owner
Sworn to me this day of, 20
Signature of Notary Public

Signature of Licensed Plumber/Contractor
Sworn to me this day of, 20
Signature of Notary Public

NOTE: All existing fixtures on property must be listed with new work highlighted.

() Gas () LP Gas () Oil

Fixtures	Location				Date of Insp.
	B	1st	2nd	3rd	
Location	B	1st	2nd	3rd	
Water Closet					
Lavatories					
Bathub					
Shower					
Bidet					
Urinal					
Kitchen Sink					
Sink Other					
Indirect Wastes					
Dishwasher					
Laundry Tub					
Washing Machine					
Floor Drains					
Drinking Fountain					
Water Cooler					
INFRASTRUCTURE					
Septic Tank					
Leaching Pool					
Drywell					
Main Water Service					
Fuel Tank Size					
Lawn Sprinkler Zones					

Location	B	1st	2nd	3rd	Date of Insp.
# Ft Gas Piping					
HVAC Unit					
Furnace Gas/Oil					
Stove/Oven					
Boiler Gas/Oil					
H/W Heater Gas/Oil					
Indirect Storage Tanks					
Dryer					
Generator					
Gas Fireplace					
Unit Heater					
Heater Coil					
Indirect Gas Heater					
Pool Heater					
Barbeque					

NO. OF FIXTURES:

NEW _____ EXISTING _____ TOTAL _____

NO. GAS APPLICANCES:

NEW _____ EXISTING _____ TOTAL _____

Description of Work: _____

ADDITIONAL REQUIREMENTS:

- Schematic riser diagram required for sanitary piping Plumbing Permit.
- Schematic piping plan illustrating length of pipe runs required for Gas Piping Permit.
- Survey required for Drywell & Septic Cesspool Permits.
- Survey illustrating location of exterior placed equipment required for HVAC Permit.

FOR OFFICE USE ONLY

Date Signed Off: _____

Inspector: _____

NOT VALID UNTIL STAMPED APPROVED BELOW THIS LINE



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

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
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CITY, TOWN, VILLAGE	ZIP	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
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ESTIMATED COST OF CONSTRUCTION:	<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS
		CITY, STATE, ZIP

WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION	PHONE
PERMIT EXP DATE		EMAIL

LOT SIZE S.F.	<input type="checkbox"/> STEEL <input type="checkbox"/> MASONRY <input type="checkbox"/> FRAME	<p align="center">IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION</p>
# BLDGS ON LOT		

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)

*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY	DOES RESIDENCE HAVE THE FOLLOWING
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> BASEMENT FINISH 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	

PROPOSED TOTAL PLUMBING FIXTURES

FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

NUMBER OF EXISTING AND PROPOSED BATHS

NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS	
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS	

HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES

NEW C/O NEEDED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
VARIANCE OBTAINED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SURVEY ENCLOSED	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE OF GRANTING OF PERMIT _____

Signature of Applicant/Contact Person - Sign & Print

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant/Contact Person _____ Telephone _____

FIELD REPORT ON REVERSE

TOWN _____
SCHOOL DISTRICT _____
SECTION _____
BLOCK _____
LOT(S) _____
CA # OR BLDG # _____
UNIT # _____
DATE _____