INCORPORATED VILLAGE OF NISSEQUOGUE BUILDING DEPARTMENT

631 Moriches Road, St. James, NY 11780

APPLICATION FOR PERMIT TO BUILD OR INSTALL

Submit in duplicate. Each application must be typewritten or printed. Incomplete or illegible applications will not be accepted. APPLICATION is hereby made for a permit to do the following work, which will be done in accordance with the description, survey and plans submitted pursuant to Section 57 of Workmen's Compensation Law, Zoning Ordinance, Building code and all other applicable ordinance and laws.

Property is located at No.	Street			Distance	
Village		State of New	/ork Map of		
Suffolk County Tax Map # 0802			Owner Phone		
Owner of record on tax rolls			Owner Email		
Mailing address					
Architect/Engineer			Address		
City	_ State	Zip	Tel	Email	
Contractor/Builder*			Address		
City	State	Zip	Tel	Email	
Plumber*			Address		
City	_ State	Zip	Tel	Email	
Electrician*			Address		
City	State	Zip	Tel	Email	
Description of Work					

COMPLETE ALL THAT APPLIES TO THIS APPLICATION

Basement				
Finished basement	Unfinished basement			
1st Floor Area	sq. ft.			
2nd Floor Area	sq. ft.			
Attic space (6'-8" & over)	sq. ft.			
Garage Area	proposed sq. ft.			
Front entry Side entry				

Outside basement entrance					
Fireplace(s)	Type _				
Porch/Portico		sq. ft.			
Deck/Balcony		_sq. ft. Height		ft.	
Shed/Accessory		_sq. ft. Height		ft.	
Carport sq. ft.	Misc.		sq. ft.		
Demolition of		total sq. ft			

INTERIOR ALTERATIONS

Basement		sq. ft.	1st Floor	Area	sq. ft.	2nd Flo	or Area		sq. ft.
Garage/Porch/S (Please circle o		nverted to liv	ing space		sq. ft.	Other			sq. ft.
PLUMBING	(resident	ial & com	mercial)		Washer				
		IXTURES B DIAGRAM		O SHOW					
FIXTURES	BSMT.	1ST FLR	2ND FLR	3RD FLR	APPLICATION	IS FOR A P	ERMIT TO D	DO AS FOLLO	OWS:
Sinks					Total No. of Fix	ctures			
BathTubs					Central Air Con	ditioning	H\	/AC Units	
Showers									
Toilets						Electric _	G	as Fired	
Dishwasher						Total No	. of Units _		
Refrigerator					Pressure (gas)	test(s)			
Laundry Tub					Specify Applian	ce(s)			
		ING							

ATING AND COOLING

APPLICATION IF FOR A PERMIT TO INSTALL THE FOLLOWING HEATING EQUIPMENT TO BE USED TO HEAT SPACE, AREA, PROCESSING, DOMESTIC HOT WATER, INCLUDING FUEL OIL STORAGE TANKS.

New Conversion Replacement

Tank Installation only, is burner installed? • Yes • No

Inside tank capacity _____ Gallons

Outside tank capacity _____ Gallons

Installation to be: Oil	Gas	Electric	Tank Only
Replacement? <a>Placement	No		
Type of tank			

AFFIDAVIT

_____ as the owner being duly sworn depose and state that to the best of my knowledge and belief the Ι_ statements contained in this application together with the plans and specifications submitted are true and complete of all proposed work to be done on the described premises as it has been approved by the Village of Nissequogue and that all provisions of the Zoning and Building Ordinance and the State Building code and all other laws pertaining to the proposed work shall be complied with, and that such work is authorized by the owner.

Signature

OWNER (Commercial applications may be signed by Owner's Agent, Architect or Contractor)

NOTARY:

Sworn to before me this _____ day of _____ 20____

Signature of Notary Public