

MECHANICAL APPLICATION General requirements

(Plumbing, HVAC, Drainage, Generator)

1. Application fee must be paid at the time application is filed.
2. All fees are non-refundable.
3. All blanks on the application are to be filled in. If an item is “not-applicable” note as N/A. Leave no blanks. Please PRINT***
The application must contain a written description of the work to be performed. All drainage, exterior HVAC and generators must be shown on a plot plan Show all setbacks.
4. All applications are subject to VLS approval.
5. Nassau County board of assessors permit information sheet must be completed.
6. All permits are valid for one (1) year from the date of issue. Permit may be renewed for up to one (1) addition year. Permits that exceed the maximum of **two (2) years are VOID** and a **new application and new COMPLETE fee are required**. New permit is for one (1) year and may not be renewed.
7. Current edition of the New York State Building and Mechanical Codes must be met.
8. The Permit must be prominently displayed and readily available for review by any Village designated employee.

Mechanical application required documents

1. Mechanical application (portal)
2. Interior drainage, water & gas riser diagrams required.
3. Floor and/or site plan (Stand-alone permit).
4. Electronic copy of riser diagrams.
5. Mechanical fixture quantity and location form.
6. Nassau County Assessors form (for stand-alone permit only).
7. Mechanical permit information.
8. Insurance Certificates.
9. Owners Authorization.



INC. VILLAGE OF LAKE SUCCESS
318 LAKEVILLE ROAD
GREAT NECK, NY 11020
516.482.4411

soffice@villageoflakesuccess.com

MECHANICAL PERMIT APPLICATION

ALL ZONING INFORMATION AND CALCULATIONS MUST BE ON PLOT PLAN

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FIRE SPRINKLER	<input type="checkbox"/> WATER SERVICE	<input type="checkbox"/> DRYWELLS
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> HVAC	<input type="checkbox"/> LAWN SPRINKLER	<input type="checkbox"/> SEWER SERVICE	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> DRAINAGE	<input type="checkbox"/> GENERATOR	<input type="checkbox"/> POOL EQUIPMENT	
<input type="checkbox"/> ALTERATION(S) *IS THIS WORK PART OF AN ON-GOING CONSTRUCTION PROJECT? <input type="checkbox"/> NO <input type="checkbox"/> YES, APPLICATION #: _____				

PROPERTY INFORMATION

SECTION: _____ BLOCK: _____ LOT: _____ ZONE: _____
 ADDRESS: _____, LAKE SUCCESS, NY _____

OWNER INFORMATION

FIRST NAME: _____ LAST NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
 EMAIL ADDRESS: _____

APPLICANT INFORMATION SAME AS OWNER

FIRST NAME: _____ LAST NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
 EMAIL ADDRESS: _____

CONTRACTOR INFORMATION

COMPANY NAME: _____ LICENSEE NAME: _____
 NASSAU COUNTY LICENSE (TOWN & NUMBER): _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 OFFICE TELEPHONE NUMBER: _____ CELL NUMBER: _____
 EMAIL ADDRESS: _____

INC. VILLAGE OF LAKE SUCCESS BUILDING DEPARTMENT OWNER'S AUTHORIZATION

I (we) hereby certify that:

1. I (we) agree to permit the Building Inspector/any officer or employee of the Village of Lake Success to enter upon the premises in the discharge of their duties with this application.
2. Approved plans and a copy of approved permit will remain on the premises at all times until Certificate of Occupancy/Completion is issued. These plans will be made available to the Building Inspector.
3. Building Inspector will be given a minimum of 48 hours' notice to make the required inspection and no work will continue until such inspection has been completed and approved.
4. Owner or his representative will be responsible to arrange for all required inspections.



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

240 Old Country Road, Mineola, NY 11501

TOWN • CITY • VILLAGE OF: Lake Success

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
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ADDRESS OF PROPERTY	Check one	NAME OF BUSINESS
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CITY, TOWN, VILLAGE <u>Lake Success</u>	ZIP	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	<input type="checkbox"/> STEEL	EMAIL

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

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
LOTS(S)
CA # OR BLDG #
UNIT #
DATE



INC. VILLAGE OF LAKE SUCCESS
 318 Lakeville Road
 Great Neck, NY 11020
 (516) 482-4411
ISOoffice@villageoflakesuccess.com

MECHANICAL PERMIT APPLICATION INFORMATION

Property Address: _____ **Date:** _____

PLUMBER INFORMATION
 COMPANY NAME: _____
 FIRST NAME: _____ LAST NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
 EMAIL ADDRESS: _____
 NASSAU COUNTY TOWN/VILLAGE LICENSE NUMBER: _____
 *REQUIRED INSURANCE CERTIFICATES: Liability Disability Workers' Comp

ELECTRICIAN INFORMATION
 COMPANY NAME: _____
 FIRST NAME: _____ LAST NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
 EMAIL ADDRESS: _____
 NASSAU COUNTY TOWN/VILLAGE LICENSE NUMBER: _____
 *REQUIRED INSURANCE CERTIFICATES Liability Disability Workers' Comp

HVAC INFORMATION
 COMPANY NAME: _____
 FIRST NAME: _____ LAST NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
 EMAIL ADDRESS: _____
 NASSAU COUNTY TOWN/VILLAGE LICENSE NUMBER: _____
 *REQUIRED INSURANCE CERTIFICATES Liability Disability Workers' Comp

DRAINAGE INFORMATION
 COMPANY NAME: _____
 FIRST NAME: _____ LAST NAME: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
 EMAIL ADDRESS: _____
 NASSAU COUNTY TOWN/VILLAGE LICENSE NUMBER: _____
 *REQUIRED INSURANCE CERTIFICATES Liability Disability Workers' Comp

***MUST SUBMIT ALL CERTIFICATES OF INSURANCE AT TIME OF APPLYING WITH ALL
 ISSUED WITH VILLAGE OF LAKE SUCCESS AS THE CERTIFICATE HOLDER***

****PLEASE NOTE: THIS PERMIT WILL NOT BE ISSUED WITHOUT A 24 HOUR EMERGENCY NUMBER****

NAME: _____ **24 HOUR PHONE NUMBER:** _____



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INSURANCE REQUIREMENTS FOR ALL APPLICATIONS

1. If work is being performed by a contractor, the contractor must provide insurance indemnifying the Village and must provide the following: (See Insurance Requirements for Construction Operations for monetary requirements)
 - A. New York State Worker's Compensation Form C-105.2 (9/15), or U-26.3 If Exemption is applicable then utilize form CE-200 (12/08) and copy of home owner's insurance declaration page is required.
 - B. Certificate of Insurance Coverage under the NYS Disability and Paid Family Leave Benefits Law; form DB-120.1
 - C. Certificate of Liability Insurance (Accord). Please note the Accord form shall ONLY be accepted for Liability insurance. NO other type of insurance is acceptable on ACCORD form.

2. Under Certificate Holder for **ALL** insurances, it should state the following:

Village of Lake Success
318 Lakeville Road
Great Neck, NY 11020

3. Under additional insured, should state the following:

"The Village of Lake Success is listed as additional insured"

4. For demolition: NYS WORKERS' COMPENSATION FORM MUST BE "SITE SPECIFIC".



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INSURANCE REQUIREMENTS FOR CONSTRUCTION OPERATIONS

Workers Compensation Coverage

Extensions

Notice of Cancellation
Evidence

Disability (DB-120)

Notice of Cancellation
Evidence

Comprehensive Liability

Coverage
Limits

Notice of Cancellation
Additional Insured

volunteers

Evidence
additional

Owners Protective

Coverage
Limits
Premium Payment
Policy Period

Notice of Cancellation
Evidence

Statutory

Voluntary compensation
All states, coverage employers
Employee's liability-unlimited
30 Days
Certificate of Insurance

30 Days
Certificate of Insurance

Occurrence-1988 ISO or equivalent
General Aggregate \$2,000,000.00
Products- Com/Ops/Aggregate
\$1,000,000.00 Pers. & Advert. Injury
\$1,000,000.00
Each Occurrence \$1,000,000.00
Fire Damage (any one fire) \$ 50,000.00
Medical Exp. (any one person) \$ 5,000.00
30 Days
Inc. Village of Lake Success, all elected and
appointed officials, employees and

using ISO Form CG2010 (B) or equivalent.
Certificate of insurance and copy of

insured endorsement

Occurrence
Minimum limit-\$1,000,000.00 CSL
Responsibility of Contractor
Start of project and until project is
accepted as completed by owner
30 Days
1) Certificate of Insurance
2) Copy of Binder
3) Copy of original policy to be delivered
within 45 days of start of project



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OWNER'S AUTHORIZATION

I (we) hereby certify that:

1. The information provided on this permit application is true and correct. I understand that the Village of Lake Success will approve or deny a permit based on the information provided.
2. I agree to permit the Building Inspector and any officer or employee of the Village of Lake Success to enter upon the premises in the discharge of their duties with this application.
3. Approved plans and a copy of approved permit will remain on the premises at all times until Certificate of Occupancy/Completion is issued. These plans will be made available to the Building Inspector.
4. Building Inspector will be given a minimum of 48-hour notice to make the required inspection and no work will continue until such inspection has been completed and approved.
5. Owner or his representative will be responsible to arrange for all required inspections.

State of New York
County of Nassau

Property Owner Name - Please Print

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 of Lake Success; that I/we have read and understand the items 1 through 4 as here in stated, that the work to be done upon the premises, will be done in accordance with the approved application and accompanying plans, of which he/she totally familiar and that he/she hereby names the applicant listed on application as his or her representative to file this application.

Signature of Owner: _____

Sworn to me this _____ day of _____ 20_____

Signature of Notary Public _____

Stamp/Seal: