155 Washington Ave
Mineola, NY 11501
Phone (516) 746-0750
Fax (516) 888-7616

Building Department Permit Application Checklist

Building Department Hours Monday- Friday, 8:30am-4:30pm

The following items **MUST BE INCLUDED** with this application.

(Incomplete applications will be returned for resubmission)

- Three (3) complete sets of professionally detailed construction plans signed and sealed by R.A or P.E of record. Submitted plans must comply with the most current version of the New York Energy Conservation Code. Plans to depict entire scope of proposed work
- Copy of property survey
- Nassau County Assessor's Form (all information must be entered)
- Mandatory Contractor's Insurance requirements:
  The Village of Mineola must be listed as certificate holder and must be listed as additional insured in Liability Insurance.

The Village of Mineola
155 Washington Avenue
Mineola, NY 11501

1. Liability Insurance- general aggregate no less than $2,000,000.00
2. New York Disability Insurance (on form DB-120 ONLY)
3. New York Workman's Compensation Insurance

Building Department,
Incorporated Village of Mineola
155 Washington Avenue
Mineola, NY

phone 746-0750
fax 746-4065

Building and Construction Inspection Acknowledgement

I understand that work for which this permit has been issued shall be inspected for approval prior to enclosing or covering any portion thereof and upon completion of each stage of construction, including but not limited to, building location, site preparation, excavation, foundation, framing, exterior roof, wall sheathing, electrical, plumbing and heating, and air conditioning. It shall be the responsibility of the owner, applicant or his/her agent to inform the Building Inspector that the work is ready for inspection and to schedule such an inspection.

_____
Signature & title

_____
Print name

Sworn to before me
This _____ Day of ____

_____
Notary signature

(Notary stamp)

Building Department,
Incorporated Village of Mineola
155 Washington Avenue
Mineola, NY

phone 746-0750
fax 746-4065

Name: _____

Street: _____

City/State/Zip: _____

I/We _____as the owner(s) of the property known as _____ do hereby depose that I/we are performing the demolition/construction work on said property and that I will not be employing the services of any contractors or sub-contractors and no remuneration will be given for any work performed. It is my understanding that as no person/persons other than myself will be working on this project and that said work will not require generally mandated forms of insurance. In consideration thereof and as the property owner(s), I/we agree to save, defend, indemnify and hold harmless the Incorporated Village of Mineola, it's employees, agents, or representatives against any damages resulting from this demolition/construction.

I certify by my signature that I have read the above statements and understand the content and consequences thereof.

_____
Signature & title

_____
Print name

Sworn to before me
This _____ Day of ____

_____
Notary signature

(Notary stamp)

BUILDING DEPARTMENT – VILLAGE OF MINEOLA
BUILDING PERMIT APPLICATION
Instructions – Information to be printed or typed, black or blue ink only.

It is the responsibility of every property owner to have permits as required by Law. It is the responsibility of the Building Department to enforce the Law. The Building Inspector will identify any structures on your property that have not been properly legalized. This will be done on the first inspection. If any violations are found, they will be pointed out to you and you will have a period of one month to legalize the situation. After that, failure to legalize will result in summons, stoppage of construction, and/or court action. If you have conditions requiring legalization, we recommend you include them now in this application.

- □ Building Permit Application completed. **COPIES OR FAXES ARE NOT ACCEPTED**
- □ Assessor's Form completed.
- □ A legible and accurate Property Survey included.
- □ Three (3) complete sets, detailed construction plans. (SIGNED, SEALED & STAPLED)
- □ All signatures notarized.
- □ Insurance Certificate(s) included

Contractors shall submit Workmen's Compensation & Disability Insurance Certificates with General Liability coverage no less than **$2,000,000**. **THE VILLAGE OF MINEOLA MUST BE CERTIFICATE HOLDER ON ALL INSURANCES AND NAMED AS ADDITIONALLY INSURED ON LIABILITY INSURANCE ONLY.** If the homeowner is the contractor, the Homeowner's Insurance Certificate shall be submitted.

NO WORK SHALL COMMENCE BEFORE A BUILDING PERMIT HAS BEEN ISSUED.

When issued, the "**RED**" permit card shall be prominently displayed at all times.

Nassau County Map No. **9**, Block _____, Lot No. _____

Street address of property _____
Zoning District _____ (√) if applicable: New Structure/addition _____ Alteration ____ Demolition ___

Name, address, phone & email of Architect or Engineer: _____
_____
Name, address, phone & email of Contractor: _____
_____
Property Use: Current: _____, Proposed: _____
Lot size _____ Sq. Ft. of Building _____ No. of stories _____ Height in Ft. _____
Construction type _____ Structure have Cellar or basement? _____ Sprinkler? ____ Alarm Sys?___
Brief description of proposed work: _____
_____
_____
_____
_____
_____
Estimated cost of proposed construction, alteration or demolition: $_____

Name, address, **phone, and email** of property owner	Name, address, **phone**, **and email** of applicant

---

Notarized signature: (print name AND sign) **Notarized signature: (print name AND sign)**

*

---

* I certify by my signature that I and the owner of aforesaid property, or that I am the duly authorized agent of the owner with full power to act on his/her/their behalf.

*** * * * * * * DO NOT WRITE BELOW THIS LINE * * * * * * ***

□	_____ Bd. Trustees	Electrical Permit Req'd? _____
□	_____ Bd. Appeals	Plumbing Permit Req'd? _____
□	_____ VOM Plan. Bd.	Date Received _____
□	_____ NC Plan. Com.	
□	_____ NC DPW	Permit Fee $_____
□	_____ NC Health	Deposit Fee $_____
□	_____ NC Fire Marshal	Date Issued _____
□	_____ NYS DOT	Building Inspector _____
□	_____ SEQR	Permit No. _____

ALL APPLICATIONS MUST BE SUBMITTED AS A COMPLETE PACKAGE

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
CITY, TOWN, VILLAGE	ZIP	■ OWNER OR ☐ LESSEE	CONTACT PERSON/OWNER
ESTIMATED COST OF CONSTRUCTION:			ADDRESS
			CITY, STATE, ZIP
WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION		PHONE
PERMIT EXP DATE	☐ STEEL		EMAIL
LOT SIZE S.F.	☐ MASONRY	IF YOU WISH TO GROUP OR APPORTION LOTS	
# BLDGS ON LOT	☐ FRAME	PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION	

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

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN S.F.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN S.F.)
- ☐ MAINTAIN (PRE-EXISTING)
- ☐ RECONSTRUCTION
- ☐ DECK, TERRACE, PORCH, CARPORT
- ☐ DORMERS
- ☐ OTHER _____
- ☐ FIRE DAMAGE
- ☐ GARAGE/ OUT BUILDING
- ☐ HVAC
- ☐ PLUMBING
- ☐ RELOCATION
- ☐ REPLACEMENT
- ☐ SWIMMING POOL
- ☐ TENNIS COURT
- ☐ CHANGE IN USE

DOES RESIDENCE HAVE THE FOLLOWING

CENTRAL AIR YES ☐ NO ☐

FINISHED ATTIC YES ☐ NO ☐

BASEMENT FINISH

1/4 ☐ 1/2 ☐ 3/4 ☐ FULL ☐

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 ☐	NO ☐
VARIANCE OBTAINED	YES ☐	NO ☐
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES ☐	NO ☐
SURVEY ENCLOSED	YES ☐	NO ☐

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

Rev 08/11

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

BUILDING PERMIT
COMMERCIAL OR MIXED USE
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY
240 Old Country Road, Mineola, NY 11501

DATE REC'D

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
CITY, TOWN, VILLAGE	ZIP	☐ OWNER OR ☐ LESSEE	CONTACT PERSON
ESTIMATED COST OF CONSTRUCTION:			ADDRESS
			CITY, STATE, ZIP
DATE TO BEGIN	PRINCIPLE TYPE OF CONSTRUCTION		PHONE
DATE TO COMPLETE	☐ STEEL		EMAIL
LOT SIZE S.F.	☐ MASONRY	Grouping or apportioning lots? Yes_____ No_____	
# BLDGS ON LOT	☐ OTHER	List existing lots:	
DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)		Proposed lots:	

CHECK ALL THAT APPLY

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN S.F.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN S.F.)
- ☐ OTHER (Describe)_____
- ☐ FAÇADE
- ☐ BASEMENT RENO
- ☐ HVAC
- ☐ ROOF
- ☐ PLUMBING

	SIZE	QUANTITY
☐ ELEVATORS		
☐ SPRINKLERS		
☐ SOLAR		
☐ ANTENNA		
☐ BILLBOARD		
☐ SATELLITE DISH		

USE BY SIZE AND FLOOR

	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
BSMT				
1ST				
1ST				
2ND				
ADDNL FLOORS				
TOTAL # FLOORS				

List additional use below

Residential

	EXISTING # UNITS	PROPOSED # UNITS
☐ CO-OP		
☐ CONDO		
☐ RENTAL		
Studio		
1BDRM		
2BDRM		
3BDRM		
4 BDRM		
OTHER (Describe)		

DATE OF GRANTING OF PERMIT _____

_____
Signature of Applicant/Contact Person

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

_____
Address of Applicant/Contact Person Tele #

FIELD REPORT ON REVERSE

Rev 08/11

BUILDING PERMIT
PUBLIC UTILITY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY
240 Old Country Road, Mineola, NY 11501

DATE REC'D

ZONING CLASSIFICATION | TOWN | SCHOOL DISTRICT | SECTION | BLOCK | LOT(S) | DATE

Sec / Blk / Lot

SECTION	BLOCK	LOT(S)

PERMIT # / ISSUE DATE

NASSAU COUNTY USE ONLY: Town Code | Company Code | Sch. Dist. | Lot

Property Location — N.E.S.W. SIDE OF (OR CORNER OF)

ADDRESS OF PROPERTY

CITY, TOWN, VILLAGE | ZIP

Owner of Property

OWNER'S NAME

ADDRESS OF PROPERTY

CITY, STATE, ZIP

PHONE

E-MAIL

NAME OF BUSINESS/CONTRACTOR

Check one

OWNER ☐ OR LESSEE ☐

CONTACT PERSON

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL

Building Classification - Circle Item Below

Residential _____ Commercial _____

Other (Specify) _____

DESCRIPTION OF WORK (PLEASE PRINT CLEARLY):

ESTIMATED COST OF CONSTRUCTION:

LOT SIZE S.F.

BLDGS ON LOT

DATE TO BEGIN | DATE TO COMPLETE

PRINCIPLE TYPE OF CONSTRUCTION

STEEL ☐ MASONRY ☐

POLES, WIRES, CABLES ☐

Public Utilities

Public Utilities	
Electric	
Pipelines	
Private Water Co.	
Muni Water Dist	
Cables/Wires/Fiber Optics	
Telecomm (Landlines)	

Cellular Communications (Wireless)

Carrier		Mounting Arrngmt	
AT&T		ROOF	
MetroPCS		MONOPOLE	
Nextel		SATELLITE DISH	
Sprint		ANTENNA	
T-Mobile		WATER TOWER	
Verizon		LATTICE TOWER	
Other		Other	

Tanks		
	Concrete	gal.
Water	Steel	gal.
Fuel	Aluminum	gal.
Oil	Fiberglass	gal.
Other	Other	gal.

POWER PLANT ☐

Fuel Types: Natural Gas Diesel Fuel Turbine Other

TYPE:

Model:

Capacity - MW :

☐	PIPELINE GATE VALVE
☐	PREFAB SHELTER
☐	NEW BUILDING
☐	ADDITION
☐	DEMOLITION
☐	INTERIOR or EXTERIOR ALTERATION
☐	AIR CONDITIONING / HVAC
☐	ROOF
☐	RETIREMENT OF EQUIPMENT
☐	BACKUP GENERATOR KVA:
☐	OTHER (Describe):

SPECIFICATIONS:

NOTES:

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

_____
Signature of Applicant/Contact Person

_____
DATE OF GRANTING OF PERMIT

_____
Address of Applicant/Contact Person

FIELD REPORT ON REVERSE

Village of Mineola

LIAM P. O'KEEFE
SUPERINTENDENT OF BUILDING
BUILDING DEPARTMENT
155 Washington Avenue
Mineola, New York 11501
Tel: (516) 746-0750 Fax (516) 746-4065

RESIDENTIAL ZONING ANALYSIS SUBMISSION SHEET

Section:_____Block:_____Lot[s]:_____

Parcel Adress: _____

Zoning District Classification:_____

Maximum Permitted Coverage:_____s.f.

Maximum Permitted Coverage (%):_____%

Required Front Yard Setback (w/in 200 Feet):_____ft.

Side/Front Yard Required (Corner Lot):_____ft.

Minimum Side Yard Required:_____ft.

Aggregate Side Yard Required:_____ft.

Rear Yard Required:_____ft.

Max. Height to Highest Ridge:_____ft.

Max. Permitted Gross Floor Area:_____s.f.

Existing First Floor Area:_____s.f

Existing Second Floor Area:_____s.f.

Attic 7' or more:_____s.f.

Existing Basement 8' or more:_____s.f.

New Dwelling: Yes:_____ No:_____

Total Lot Area:_____s.f

Proposed Coverage:_____s.f.

Proposed Coverage (%):_____%

Front Yard Provided:_____ft.

Provided (Corner Lot):_____ft.

Side Yard Provided:_____ft.

Aggregate Side Yard Provided:_____ft.

Rear Yard Provided:_____ft.

Height Proposed:_____ft.

Proposed Gross Floor Area:_____s.f.

Proposed First Floor Area:_____s.f.

Proposed Second Floor Area:_____s.f.

Proposed Attic 7' or more:_____s.f.

Proposed Basement 8' or more:_____s.f.

STATE OF NEW YORK)

SS:

COUNTY OF NASSAU)

Application Number:_____

_____, being duly sworn, deposes and says that I am a licensed Registered Architect / Professional Engineer and duly licensed to practice my profession in the State of New York and maintain an office at _____. I certify that with respect to the above application that I have prepared and submitted this Residential Zoning Analysis Sheet which accurately reflects the dimensions and zoning requirements for the subject property. I acknowledge that the Incorporated Village of Mineola Building Department is relying on this affidavit for the application's code review in accordance with state law.

Sworn to before me this____day
20____

_____
Signature of Architect/Engineer

_____
Notary Public

(SEAL)

Building Department
Village Of Mineola
155 Washington Avenue
Mineola, New York 11501

Phone 516-746-0750
Fax 516-888-7616

Electrical Permit Application

COPIES OR FAXES OF THIS APPLICATION ARE NOT ACCEPTED

Jobsite: _____ floor(s) _____

Electrician Information

Company name: _____

Address: _____

_____

Phone: _____

Email: _____

Village of Mineola License Number: _____
Under penalty of perjury, I certify by my signature that I all work will be performed by my employees under my direct supervision or by myself; that all work must conform to Building Codes of New York State and the Village of Mineola, and; that required insurance is in effect.

Print Name: _____

Signature: _____
Notary Stamp

Property Owner Information

Name: _____

Address: _____

_____

Phone: _____

Email: _____

How is building to be occupied?

_____

If residence, how many families or apartments?

_____

Print Name: _____

Signature: _____
Notary Stamp

FOR COMMERCIAL WORK ONLY: COST OF JOB $_____

SUBMITTED ELECTRICAL INSPECTION FORM: YES_____ NO_____

DESCRIPTION OF WORK: LIST IN DETAIL, INCLUDING NUMBER OF OUTLETS, ETC.

_____

_____

_____

_____

Approved: _____ Date: _____

Permit No. _____ Fee: _____

□ Residential □ Commercial

□ Electrical Inspectors Inc.
□ Smoke/Carbon Monoxide Detectors req'd

300 East Meadow Avenue
East Meadow, NY 11554
Office 516.794.0400
Fax 516.794.5854
info@eiiny.com
www.eiiny.com

NEW YORK BOARD OF FIRE UNDERWRITERS

ELECTRICAL INSPECTORS
VILLAGE OF MINEOLA

_____
Electrical Permit

☐ New Work
☐ Renovation
☐ Survey Existing

☐ Residential ☐ Commercial ☐ H/O Wired

APPLICANT: (Person Requesting Inspection)

NAME ACCOUNT NAME

ADDRESS LICENSE #

CITY STATE ZIP

PHONE CELL

REQUESTED INSPECTION DATE EMAIL OR FAX

☐ SATURDAY ☐ SAME DAY SERVICE BOTH AVAILABLE AT ADDITIONAL COSTS

CONTACT PERSON

OWNER/TENANT: (Location to be Inspected)

NAME DBA

ADDRESS

CITY STATE ZIP

HOME CELL

NEAREST CROSS STREET TOWNSHIP/VILLAGE/CITY (MUNICIPALITY)

SECTION BLOCK LOT BUILDING PERMIT #

SPECIAL INSTRUCTIONS: _____

AREA TO BE INSPECTED (ONLY CHECK BOXES OF AREAS TO BE INSPECTED)

AREAS TO BE INSPECTED	BATH	BED	DECK	DINING	FAMILY	FOYER	HALL	KITCHEN	LAUNDRY	LIVING	MASTER BATH	MASTER BED	OFFICE	PANTRY	PORCH	STORAGE	SUN	WALK-IN CLOSET	OTHER
BASEMENT																			
1ST FLOOR																			
2ND FLOOR																			
___FLOOR																			

#___CAR GARAGE ☐ ATTACHED ☐ DETACHED

POOL ☐ ABOVE GROUND ☐ IN GROUND ☐ CENTRAL A/C_____(quantity) ☐ GENERATOR _____(size) (CHECK ONLY IF PART OF INSPECTION) (CHECK ONLY IF PART OF INSPECTION)

SERVICE AUTHORIZATION TO INSTALL: ☐ FIRE RECONNECT (EMERGENCY) ☐ MOVE ☐ NEW ☐ OUTSIDE REPAIR ☐ RECONNECT (EXISTING) ☐ SHUT DOWN ☐ SOLAR ☐ TEMPORARY ☐ UPGRADE

SERVICE	☐ OVERHEAD	☐ 100A	☐ 200A	☐ 400A	☐ 800A	☐ 1Ø	METER SERIAL #
# METER	☐ UNDERGROUND	☐ 150A	☐ 300A	☐ 600A	☐ ___A	☐ 3Ø	

OTHER AREAS NOT LISTED ABOVE

The applicant requesting this inspection (survey) attests that there are no open applications for the above, with any other authorized inspection agency. Also they understand and agree to pay all fees until the above passes the National Electrical Code and/or all local codes. The undersigned also affirms they have the authorization of the property owner to submit this application. Only the applicant will be given any information pertaining to the inspection. Local codes may require homeowner to take a test to perform any electrical work in their own home prior to inspection. It may also be necessary to obtain a building permit from your Town/Village/City Building Department before commencing with any electrical work and/or inspection of this work. Electrical Inspectors, Inc. is not listing, labeling, underwriting or certifying any equipment, materials or devices which are performed by other certified testing laboratories, inspection agencies, or other organizations concerned with product evaluation. The Applicant/Owner/Authorized Agent agrees to all Terms and Conditions set forth on the front and back of this application.

FORM OF PAYMENT: ☐ MASTER CARD ☐ VISA ☐ AMEX ☐ CHECK #_____ ☐ BILL ACCOUNT (ONLY IF APPLICABLE)

PRINT NAME AS IT APPEARS ON CARD

APPLICANT PRINT NAME

SIGNATURE OF CARDHOLDER DATE

SIGNATURE OF APPLICANT DATE

PLEASE MAKE ALL CHECKS PAYABLE TO "ELECTRICAL INSPECTORS, INC." RETURNED CHECKS WILL AUTOMATICALLY VOID ANY CERTIFICATE ISSUED. IN ADDITION TO SUBMISSION OF AN NOV TO THE MUNICIPALITY, YOU MAY BE RESPONSIBLE FOR TWICE THE FACE VALUE AS REQUIRED BY STATE LAW

REV. 5/ 2017 PFG

1. The New York Board of Fire Underwriters, Inc., is a subsidiary of Electrical Inspectors, Inc., (dba NYBFU) It is fully operational and functional and performs electrical inspections as it always has.

2. ELECTRICAL INSPECTORS, INC. (dba NYBFU) only recognizes the National Electric Code, the Building Codes of New York State all volumes and Local Municipal Codes, as authorized by The Department of State Codes Division, via Village, Town or City Board Resolution.

3. The New York Board of Fire Underwriters, Inc. and Electrical Inspectors, Inc. (dba NYBFU) inspects properties for compliance with the Building Code of the State of New York, counties and local electrical codes, as well as the promulgated NEC (National Electrical Code).

4. ELECTRICAL INSPECTORS, INC. (dba NYBFU) is not responsible for the existing conditions located at the subject premises.

5. AN ELECTRICAL SURVEY consists of a visual examination of the premises ONLY. **ELECTRICAL INSPECTORS, INC. (dba NYBFU)** will comply with the requirements of NFPA 73, latest edition Chapter 1, Section 1-1. 1-2. If violations exist, a Notice Of Violation (NOV) will be issued requiring corrections by a licensed electrical contractor. After the violation has been corrected, a re-inspection will be conducted and if approved, a certificate shall be issued.

6. ELECTRICAL INSPECTORS, INC. (dba NYBFU) is not responsible for corrections, upgrading or replacement of existing electrical violations at the subject premises. Any corrective work shall be solely the responsibility of the property owner. **ELECTRICAL INSPECTORS, INC. (dba NYBFU) DOES NOT WARRANTY OR UNDERWRITE THE ELECTRICAL CONDITIONS AT THE PREMISES.**

7. A SURVEY CERTIFICATE does not examine the actual wiring or devices unless all walls are opened and wires and devices are exposed prior to the survey being conducted.

8. AN ELECTRICAL INSPECTION consists of an examination of wiring and installations during the rough stages of construction. After completion of the construction a final inspection will be conducted at which time a certificate will be issued provided no violation exists. In the event an inspection is not requested during the rough stages of construction **ELECTRICAL INSPECTORS, INC. (dba NYBFU)**will perform a CLOSED WALL SURVEY that consists of a visual inspection of the wiring and installations only since access is limited. **ELECTRICAL INSPECTORS, INC. (dba NYBFU)** shall bear no responsibility for any defects or violations at the premises.

9. ELECTRICAL INSPECTORS, INC. (dba NYBFU) assumes no liability for the results of its inspections.

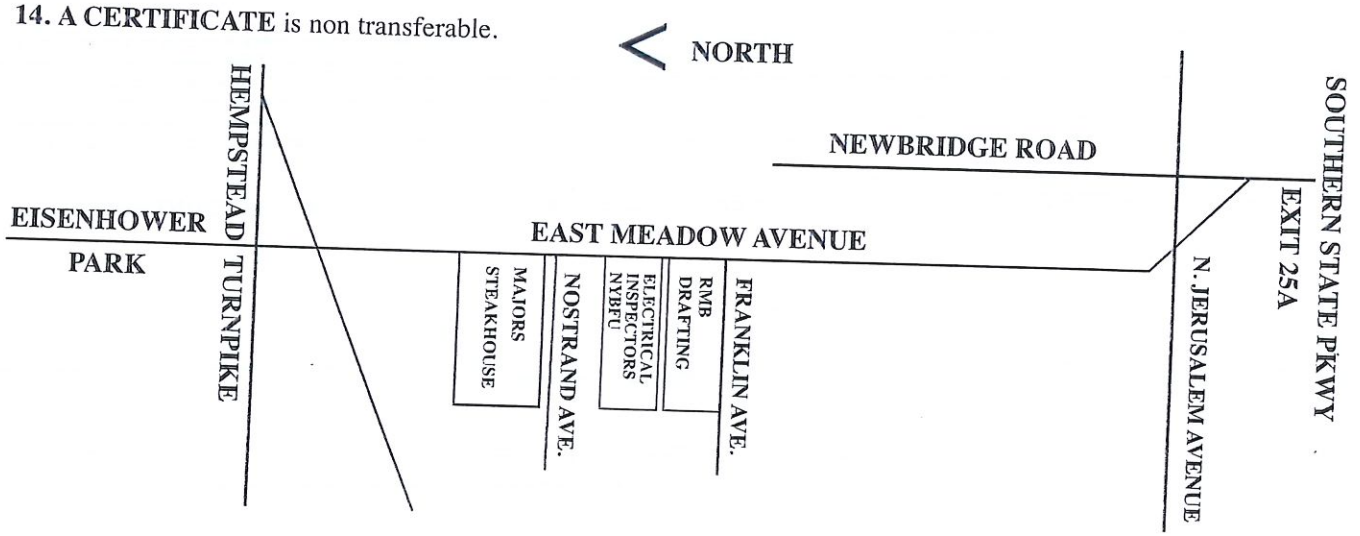
10. ELECTRICAL INSPECTORS, INC. (dba NYBFU) shall not be responsible to remove any walls in order to conduct an electrical inspection.

11. AN ELECTRICAL CLOSED WALL INSPECTION consists of a visual examination of the area requested **ONLY:** Electrical Inspectors Inc. (dba NYBFU) will comply with the requirements of NFPA 73, latest edition Chapter 1, Section 1-1, 1-2. If violations exist, a Notice of Violation (NOV) will be issued requiring corrections by a licensed electrical contractor. After the violation has been corrected, a re-inspection will be conducted and if approved a certificate shall be issued.

12. ELECTRICAL INSPECTORS, INC. (dba NYBFU) will only release information, certificates and reports to the applicant after payment for services rendered have been paid in full.

13. THE AGREEMENT may not be changed orally.

14. A CERTIFICATE is non transferable.



Building Department
Village Of Mineola
155 Washington Avenue
Mineola, New York 11501

Phone: 516-746-0750
Email: building@mineola-ny.gov

Plumbing Permit Application

COPIES OR FAXES OF THIS APPLICATION ARE NOT ACCEPTED

Address of work:_____

Plumber Information

Company name:_____

Address:_____

_____

Phone:_____

Email:_____

I understand all work must be preformed by my employees under my direct supervision or by myself. I have read and understand the code, supplements and ordinances of the Village of Mineola. All work must conform to the New York State Building and Fire Prevention code.

Print Name:_____

Signature:_____
Notary Stamp

ALL NEW WORK REQUIRES A WATER TEST

(MUST BE COMPLETED)

Brief Description of Work:

_____

_____

Approved: _____ Date: _____

Permit No. _____ Fee:_____

Property Owner Information

Name: _____

Address:_____

_____

Phone:_____

Email:_____

How is building to be occupied?

_____

If residence, how many families or apartments?

_____

I have reviewed the plumber's insurance and found them to be acceptable.

Print Name:_____

Signature:_____
Notary Stamp

(MUST BE COMPLETED)

Indicate Number Fixtures	**Base ment**	**1st floor**	**2nd floor**	**3rd floor**	**4th floor**
Water Closet					
Lavatory					
Bath Tub					
Shower					
Kitchen Sink					
Dishwasher					
Washing Machine					
Slop Sink					
Indirect Waste					
Urinal					
Other_____					
Gas Range					
Gas Dryer					
Gas HVAC					
Gas Heater					
Gas Boiler					
Gas Furnace					
Gas Hot Water Heater					
Gas Other_____					