

MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

PLUMBING PERMIT

(Page 1 of 2)

Incomplete applications will not be accepted. All fees are non-refundable.

Date: _____

Permit App # _____

Owner Name: _____ Phone # _____ Email: _____

Address of Project: _____ Malverne, NY 11565

Check all that apply:

Residential: Commercial: As Built: New Work: Direct Replacement:

Scope of Work: _____

Application Instructions and Information:

- Separate HVAC and Gas Fueled Generator permit application is required for any Hot Air Furnaces, HVAC combo and split units, make up air units, generators, and central air systems. **Submit specification sheets with installation instructions for proposed equipment including boilers, water heaters and combo units.**
- Separate plumbing permit shall be filed for Heating Systems, as applicable. A separate Certificate of Compliance is required.
- Signed and Sealed P.E. or R.A. Plumbing drawings may be required for new commercial work.
- By signing this application, the licensed plumber acknowledges that although any NYS Code required chimney liner and/or carbon monoxide detector that is installed is "by others", they accept full responsibility for the procurement and installation of same. They also attest and affirm that only lead-free solder and lead-free potable water fittings and valves will be used during plumbing installations.
- Schematic Sanitary Riser Diagram is required for new sanitary waste plumbing work.
- Carbon Monoxide / Smoke Detector Affidavit is required for stand-alone Residential applications.
- Plumbing Permit application shall be required for direct replacements of sinks, showers, bathtubs and toilets. Existing fittings and piping may not be code compliant.
- Signed and Sealed P.E. or R.A. drawings required for ALL Fire Sprinkler Systems. Commercial Systems require proof of application and approval from the Nassau County Fire Marshal.
- **CALL THE BUILDING DEPARTMENT TO SCHEDULE INSPECTIONS. INSPECTIONS ARE DONE TUESDAYS, WEDNESDAYS AND THURSDAYS STARTING AT 3:30PM THROUGH 5:30PM. PLEASE CALL THE WEEK PRIOR TO SCHEDULE. TYPICAL INSPECTIONS REQUIRED (AS APPLICABLE) ARE:**
 1. Rough
 2. Open Trench / Underground
 3. Gas Pressure Test
 4. Water Test
 5. Final
- All gas tests shall be for the entire facility system, existing and new, and not localized. The Licensed plumber of record shall be present at inspections.
- Fuel Oil Tank abandonments/removals shall be filed under a separate village permit application and with the county.
- Any Street opening to be filed under a separate permit.

Plumbers Name: _____ Malverne License #: _____

Phone #: _____ Email Address: _____

Signature of Plumber (notarized)

Sworn to before me this _____ day of _____

NOTARY SIGNATURE _____

SEAL:

Signature of Property Owner (notarized)

Sworn to before me this _____ day of _____

NOTARY SIGNATURE _____

SEAL:

Village Approval Signature and Stamp

No registered plumber shall sign a plumbing permit or act as an agent for a person who is not a licensed in the Village of Malverne. I understand by signing below that my license in the Village of Malverne could be in jeopardy by violating the above section. Applicant certifies that all information given is correct and that all work shall conform to the current NYS Residential, Building, Plumbing, Fire, Existing Building, Energy Conservation, and Mechanical Codes and all Village Ordinances for which this permit is issued. No work is to be performed until a permit has been issued by the Incorporated Village of Malverne.

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PLUMBING PERMIT

(Page 2 of 2)

Address: _____ Permit / App # _____

TABLE 1

# FIXTURES / DEVICES TO BE INSPECTED	KITCHEN SINK	BATHROOM SINK	TOILET	SHOWER	BATHTUB	GAS STOVE / OVEN	REF. WATER / ICE DISP.	URINAL	DISHWASHER	FLOOR DRAIN	FLOOR SINK	MOP SINK / LAUNDRY TUB	GREASE TRAP	BIDET	GAS BBQ	GAS FIREPLACE	CLOTHES WASHER	GAS DRYER	RESIDENTIAL FIRE SPRINKLER HEAD	GAS SWIMMING POOL HEATER	DRINKING FOUNTAIN	ROOF DRAIN	OTHER: _____	
BASEMENT																								
FIRST FLR																								
SECOND FLR																								
ATTIC																								
EXTERIOR																								

Table 1 Plumbing Permit Fees: \$60.00 First Fixture / Device Plus \$12.00 Each Additional Fixture / Device

Total Number of Fixtures = _____

TABLE 2

# FIXTURES / DEVICES / PLUMBING TO BE INSPECTED	GAS PIPING \$25.00 PER UNIT (GAS TEST REQUIRED) POTABLE WATER PIPING \$25.00 PER ROOM SANITARY WASTE PIPING \$25.00 PER ROOM	BOILER \$50.00	WATER HEATER \$50.00	HOT WATER STOR TANK \$50.00	SEWER EJECTOR PUMP \$25.00	BACK FLOW PREVENTER \$25.00	COMBO BOILER / WATER HTR \$50.00	GAS CONVERSION / CHIMNEY LINER \$50.00	WATER SERVICE \$60.00	SEWER SERVICE \$50.00	FUEL OIL TANK (INTERIOR OR ABOVE GROUND) \$75.00	COMMERCIAL FIRE SPRINKLER SYSTEM (based on cost of installation)	OTHER: _____	BACK WATER VALVE \$25.00
BASEMENT														
FIRST FLOOR														
SECOND FLOOR														
ATTIC														
EXTERIOR														

Table 2 Plumbing Permit Fees: All Fees per Unit or per Room/Area. Applicable piping fees are required for all new fixtures, relocations, and maintain and legalize applications where not a direct replacement.

Fee from Table 1 = _____

Fee from Table 2 = _____

Certificate of Compliance (if applicable) = _____

(Standalone Plumbing Permits require a \$100.00 fee Residential;
\$300.00 fee Commercial for Certificate of Compliance)

TOTAL PLUMBING PERMIT FEE =

Village Approval Signature and Stamp

Incorporated Village of Malverne

BUILDING DEPARTMENT

99 Church Street, Malverne New York 11565-1726

Phone: (516) 599-1200 • Fax: (516) 823-0767

**RESIDENTIAL SMOKE DETECTOR &
CARBON MONOXIDE AFFIDAVIT**

State of New York

Building Permit # _____

SS:

County of Nassau

Plumbing Permit # _____

I _____ am the owner of real property located at:

_____ Malverne, New York.

I hereby attest the premises is a one or two family dwelling and affirm that in accordance with the provisions of Section R314 of the 2020 Residential Code of New York State, smoke detectors have been installed, maintained, and are in operable condition in the dwelling as noted below.

1. Outside each separate sleeping area in the immediate vicinity of the bedrooms.
2. In each room used for sleeping purposes.
3. In each additional story within the dwelling unit, including basements and habitable attics, while excluding crawl spaces, and uninhabitable attics.
4. Interconnection of all smoke alarms shall be mandatory when interior wall and ceiling finishes are removed to expose the structure and or there is an attic, crawl space, or basement available that could provide access for interconnection. Approved wireless units are also acceptable.

I hereby attest that in accordance with the provisions of Section R315 of the 2020 Residential Code of New York State and Section 915 of the Fire Code of New York State, carbon monoxide detectors have been installed, maintained, and are in operable condition in the dwelling where a carbon monoxide source exists as noted below. Sources include but are not limited to gas or oil fired boilers, furnaces, and water heaters, wood or gas fireplaces, wood or coal stoves, and attached garages.

1. Outside each separate sleeping area within 10 ft. of the entrance to the sleeping area/ bedrooms.
2. If there is a carbon monoxide source in the bedroom or an attached bathroom there shall be one located in the bedroom.
3. Approved combination smoke alarms / carbon monoxide detectors are acceptable.

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO THE PENAL LAW OF NY STATE

Dated: _____

Signature _____

Sworn to before me this _____ day of _____ 20

Owner - Print Name

Notary