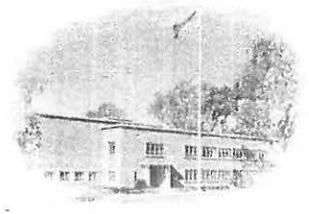




**DEPARTMENT OF BUILDINGS**  
**INCORPORATED VILLAGE OF GARDEN CITY**  
VILLAGE HALL  
351 STEWART AVENUE  
GARDEN CITY, NY 11530  
516-465-4040(O) – 516-742-5377 (F)



**MECHANICAL PERMIT**  
**REQUIREMENTS**

- ✓ Application for Mechanical Permit
- ✓ Application for Electrical Permit (for any related wiring, controls, etc.)
- ✓ Application for Plumbing Permit (for any related piping, gas lines, etc.)
- ✓ Copy of survey indicating location of any exterior unit(s) which must be placed in rear half of property (or rear interior quarter on corner plots) and not less than (10) feet from any property line.
- ✓ Two (2) sets of plans, specifications, manufacturer's cut sheets and installation instructions.
- ✓ Worker's Compensation & Disability Insurance Certificates (not Accord form)
- ✓ Copy of Nassau County Consumer Affairs License
- ✓ Fee of \$150 for the first \$1,000 of estimated cost plus \$20 for each additional \$1,000 in cash or check payable to the Incorporated Village of Garden City
- ✓ Inspections include, but are not limited to, roughing and final. Requests made at least one day in advance with permit number.

INCORPORATED VILLAGE OF GARDEN CITY, NY  
APPLICATION FOR MECHANICAL PERMIT



ONLINE FORM TO BE SUBMITTED IN TRIPLICATE

ADDRESS \_\_\_\_\_ MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

OWNER \_\_\_\_\_ TEL. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ TEL. NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ESTIMATED COST OF WORK:\$ \_\_\_\_\_ FEE: \$ \_\_\_\_\_

Is this work associated with a Building Permit? Yes \_\_\_\_\_ No \_\_\_\_\_

I propose to make the following new installation, addition, and /or alteration to the mechanical system(s) at the above premises in strict accordance with the National Building Code, manufacturer's installation instructions, and plan(s) drawn or attached hereto and/or described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL FILING REQUIREMENTS:**

- 1. Worker's Compensation and Disability Insurance Certificate.
- 2. Copy of Health Dept. notification for abandoned or removed underground tanks must be filed prior to issuance of final Certificate of compliance.

The undersigned affirms that he/she is authorized to make this application, is responsible for the work described and that all statements and documents contained herein are true and accurate to the best of his/her knowledge and belief.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

License No: \_\_\_\_\_ Issued by: \_\_\_\_\_

The undersigned affirms that he/she is the owner of the property described herein, hereby gives consent to this application and fully understands the requirements contained therein in order to receive a Certificate of Compliance.

\_\_\_\_\_  
Owner's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**\*\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\*\***

ONLINE FORM TO BE SUBMITTED IN TRIPLICATE

PERMIT NO. \_\_\_\_\_