

**INCORPORATED VILLAGE OF KENSINGTON**

NASSAU COUNTY, NEW YORK

**APPLICATION FOR PLUMBING PERMIT**

PERMIT #

2 Nassau Drive, Great Neck, NY 11021 (516) 482-4409 Fax (516) 482-2866 [www.villageofkensingtonny.gov](http://www.villageofkensingtonny.gov)

This application form shall be submitted in duplicate, both copies bearing original signatures where required, along with a nonrefundable Plumbing Permit application fee check made payable to the Village of Kensington. This fee payment shall be as calculated below. When the Building Inspector's approval stamp and signature are affixed below and returned to the applicant with the pink Building Permit placard, both documents shall constitute a valid Plumbing Permit. The original Building and / or Plumbing Permit and the stamped, approved plans MUST be retained on the construction site and be available for the Building Inspector's review at all times during the construction process. The application process and Plumbing Permit are subject to the conditions printed on the reverse side (or second page) of this form. The owner and the applicant are advised to read and abide by the conditions on the reverse carefully.

All permits issued by this Building Department are strictly subject to the Zoning Codes of the Incorporated Village of Kensington and all New York State Building, Maintenance, Plumbing, Mechanical, and Fire Codes applicable on the date of the application. NO ERROR OR OMISSION IN THE ISSUANCE OF THIS OR ANY PERMIT GRANTED BY THE VILLAGE OF KENSINGTON SHALL LEGITIMIZE OR LEGALIZE ANY CONSTRUCTION OR USE OTHERWISE PROHIBITED BY LAW.

**Please check all of the following that apply to this application:**

**PLUMBING [ ] SITE DRAINAGE [ ] OIL-GAS CONVERSION [ ] GENERATOR [ ] HVAC [ ] OTHER [ ]:**

S/B/L: 2/\_\_\_/\_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Fee Type: \_\_\_\_\_ Check #: \_\_\_\_\_  
VILLAGE USE ONLY Date Rec'd: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Fee Type: \_\_\_\_\_ Check #: \_\_\_\_\_

**Property Owner's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Corp. Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

**Address of Permit Activity:**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Plumber's / Contractor's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_  
License Number: \_\_\_\_\_ Issuing Agency / Municipality: \_\_\_\_\_

**Description of Permit Activity:**

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

**Plumbing Permit Fee Calculation: (\*assessed once per application)**

Check and calculate all that apply to this application:

[ ] Number of Plumbing Fixtures: _____	@ \$20.00 / Fixture = _____	+ *\$ 75.00	= \$ _____
[ ] Number of Gas Appliances: _____	@ \$20.00 / Fixture = _____	+ *\$ 75.00	= \$ _____
[ ] Number of HVAC Units: _____	@ \$20.00 / Fixture = _____	+ *\$ 75.00	= \$ _____
[ ] Number of Drywells: _____	@ \$100.00 / Drywell = _____	+ *\$ 75.00	= \$ _____
[ ] Other (Specify): _____	@ \$_____/_____ = _____	+ *\$ 75.00	= \$ _____
Total Plumbing Permit Fee			= \$ _____

**DO NOT WRITE BELOW THIS LINE - PERMIT IS NOT VALID UNLESS STAMPED HERE**

<u>PLUMBING FIXTURES</u>	<u>QTY. BASEMENT</u>	<u>QTY. 1<sup>ST</sup> FLOOR</u>	<u>QTY. 2<sup>ND</sup> FLOOR</u>	<u>QTY. 3<sup>RD</sup> FLOOR</u>	<u>PROJECT TOTALS</u>
WATER CLOSET					
BATH TUB					
STALL SHOWER					
LAVATORY					
KITCHEN SINK					
DISHWASHER					
WASHING MACHINE					
OTHER:					
<u>GAS APPLIANCES</u>					
DRYER					
OVEN					
RANGE					
STOVE					
WATER HEATER					
BOILER / FURNACE					
GENERATOR					
OTHER:					
<u>HVAC EQUIPMENT</u>					
AC UNIT / AIR HANDLER					
OTHER:					
<u>SITE DRAINAGE</u>					
DRYWELL					
OTHER:					

## PROPERTY OWNER'S AUTHORIZATION

I (we) hereby certify that:

- 1] One (1) set of approved plans will be returned to you that will contain the approval stamp of the Building Department. Said plans shall be kept on the construction site and exhibited on demand to any official of the Building Department.
- 2] I (we) agree to permit the Building Inspector and any officer or employee of the Incorporated Village of Kensington to enter upon the premises and/or to photograph the premises in the discharge of their duties with this application.
- 3] Building Inspector shall be given a minimum forty-eight (48) hours notice to make required inspections and no work shall continue until such inspection has been completed and approved.
- 4] The owner or his representative shall be responsible to arrange for all required inspections and (if necessary) to renew all permits prior to expiration of same.
- 5] Permit shall expire three (3) months from the date of issuance unless construction is in progress. No work is to be started until permit has been received and posted by the owner/applicant. Commencement of any work prior to the receipt and posting of the permit will result in penalties, pursuant to Chapter 8 Article 6 of the Code of the Incorporated Village of Kensington.
- 6] Work shall be permitted between the hours of 8 AM and 6 PM, Monday through Friday.

**Name of Property Owner (please print):** \_\_\_\_\_

deposes and says that he/she resides at \_\_\_\_\_ in the State of \_\_\_\_\_, that he/she is the owner in fee of all certain lots, parcels of land known as (address of permit activity): \_\_\_\_\_

\_\_\_\_\_ Section \_\_\_\_\_, Block \_\_\_\_\_, Lot(s) \_\_\_\_\_, situated, lying and being within the incorporated area of the Village of Kensington; that I have read and understand items one (1) through eight (8) as above stated, that the work to be done upon the premises shall be done in accordance with the approved application and accompanying plans of which he/she is totally familiar; And that he/she hereby names \_\_\_\_\_ as his/her representative to file this application on his/her behalf.

Signature of Owner: \_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Signature of Notary Public: \_\_\_\_\_