

OWNER'S NAME _____	
PROPERTY ADDRESS _____	SBL: _____
TEL. #. _____	EMAIL _____
INSTALLER: _____	
COMPANY ADDRESS _____	
EMAIL _____	TEL. # _____

NEW UNIT INSTALL       UNIT REPLACEMENT       NEW DUCT WORK       REPLACE DUCTS

Cost of construction for duct work: \$ \_\_\_\_\_

**Description of work:** \_\_\_\_\_  
 \_\_\_\_\_

**Size of unit(s):** \_\_\_\_\_

	BASEMENT	1ST FLR	2ND FLR	ATTIC	OUTSIDE	TOTALS
DUCT(S) LOCATION						
UNIT(S) LOCATION						

**FEE SCHEDULE:**

\$150 for the first unit, \$50 each additional and 1% of the cost of installation.

**SUBMISSION REQUIREMENTS**

- COMPLETED APPLICATION FORM
- NASSAU COUNTY CONSUMER AFFIARS LICENSE
- LIABILITY INSURANCE & WORKERS COMP INSURANCE **(VILLAGE MUST BE CERTIFICATE HOLDER & ADDITIONALLY INSURED)**
- TWO (2) SURVEY'S DEPICTING THE LOCATION AND SETBACKS OF THE UNITS FROM THE PROPERTY LINE AND ANY STRUCTURES
- TWO (2) SETS OF PLANS SHOWING THE DUCT WORK
- LOCATION AND TYPE OF REQUIRED SHRUBBERY SCREENING
- UNIT MANUFACTURING SPECS & DUCT WORK SPECS

**Owner & installer** certifies that the proposed work complies with all the provisions of the building zone ordinance, building code (including state building construction code) and all other applicable statutes, ordinances, rules and regulations.

**\*\*No licensed installer shall sign a permit application or act as an agent for a person who is not a licensed with Nassau County consumer's affairs\*\***

\_\_\_\_\_  
 Print Name (Owner)

\_\_\_\_\_  
 Print Name (Installer)

\_\_\_\_\_  
 Signature (Owner)

\_\_\_\_\_  
 Signature (Installer)

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

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

\_\_\_\_\_  
 Notary Public, State of New York

\_\_\_\_\_  
 Notary Public, State of New York