

OWNER’S NAME \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_,SBL: \_\_\_\_\_

TEL. #. \_\_\_\_\_ EMAIL \_\_\_\_\_

INSTALLER: \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ TEL. # \_\_\_\_\_

☐ NEW UNIT INSTALL    ☐ UNIT REPLACEMENT

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

\_\_\_\_\_

\_\_\_\_\_

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

	SETBACK FROM SIDE PROPERTY LINE	SETBACK FROM REAR PROPERTY LINE	<b>FEE SCHEDULE:</b> \$250 for the first unit, \$75 each additional. Certificate of Completion \$150 Separate Gas Permit Required
UNIT(S) LOCATION			
UNIT(S) LOCATION			

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
- LOCATION AND TYPE OF REQUIRED SHRUBBERY SCREENING
- UNIT MANUFACTURING 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**

\_\_\_\_\_

Print Name (Owner)

\_\_\_\_\_

Signature (Owner)

Sworn to before me this

day of

20

\_\_\_\_\_

Notary Public, State of New York

\_\_\_\_\_

Print Name (Installer)

\_\_\_\_\_

Signature (Installer)

Sworn to before me this

day of

20

\_\_\_\_\_

Notary Public, State of New York