

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): _____

	<u>BASEMENT</u>	<u>1ST FLR</u>	<u>2ND FLR</u>	<u>ATTIC</u>	<u>OUTSIDE</u>	<u>TOTALS</u>
<u>DUCT(S) LOCATION</u>						
<u>UNIT(S) LOCATION</u>						

FEE SCHEDULE:

\$150 for the first unit, \$75 each additional and 1% of the cost of installation.

SUBMISSION REQUIREMENTS

- COMPLETED APPLICATION FORM
- NASSAU COUNTY CONSUMER AFFIARS LICENSE
- LIABILITY INSURANCE -**The Village of Hewlett Bay Park must be listed as the Certificate Holder & Additionally Insured. Accord form must list everything they are insured for.**
- WORKERS COMP INSURANCE-**The Village of Hewlett Bay Park must be listed as the Certificate Holder. Form must be a C 105.2, or U-26.3, or CE 200 for waiver.**
- 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***

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