

MECHANICAL APPLICATION General requirements

(Plumbing, HVAC, Drainage, Generator)

1. Application fee must be paid at the time application is filed.
2. All fees are non-refundable.
3. All blanks on the application are to be filled in. If an item is "not-applicable" note as N/A. Leave no blanks. Please PRINT***
The application must contain a written description of the work to be performed. All drainage, exterior HVAC and generators must be shown on a plot plan Show all setbacks.
4. All applications are subject to VLS approval.
5. Nassau County board of assessors permit information sheet must be completed.
6. All permits are valid for one (1) year from the date of issue. Permit may be renewed for up to one (1) addition year. Permits that exceed the maximum of **two (2) years are VOID** and a **new application and new COMPLETE fee are required**. New permit is for one (1) year and may not be renewed.
7. Current edition of the New York State Building and Mechanical Codes must be met.
8. The Permit must be prominently displayed and readily available for review by any Village designated employee.

Mechanical application required documents

1. Mechanical application (portal)
2. Interior drainage, water & gas riser diagrams required.
3. Electronic copy of riser diagrams.
4. Mechanical fixture quantity and location form.
5. Nassau County Assessors form
6. Mechanical permit information.
7. Insurance Certificates.
8. Owners Authorization.



INC. VILLAGE OF LAKE SUCCESS
318 LAKEVILLE ROAD
GREAT NECK, NY 11020
516.482.4411

Isoffice@villageoflakesuccess.com

MECHANICAL PERMIT APPLICATION

ALL ZONING INFORMATION AND CALCULATIONS MUST BE ON PLOT PLAN

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> FIRE SPRINKLER	<input type="checkbox"/> WATER SERVICE	<input type="checkbox"/> DRYWELLS
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> HVAC	<input type="checkbox"/> LAWN SPRINKLER	<input type="checkbox"/> SEWER SERVICE	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> DRAINAGE	<input type="checkbox"/> GENERATOR	<input type="checkbox"/> POOL EQUIPMENT	
<input type="checkbox"/> ALTERATION(S)	*IS THIS WORK PART OF AN ON-GOING CONSTRUCTION PROJECT?			<input type="checkbox"/> NO <input type="checkbox"/> YES, APPLICATION #: _____

PROPERTY INFORMATION

SECTION: _____ BLOCK: _____ LOT: _____ ZONE: _____
ADDRESS: _____, LAKE SUCCESS, NY _____

OWNER INFORMATION

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
EMAIL ADDRESS: _____

APPLICANT INFORMATION ☐ SAME AS OWNER

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
EMAIL ADDRESS: _____

CONTRACTOR INFORMATION

COMPANY NAME: _____ LICENSEE NAME: _____
NASSAU COUNTY LICENSE (TOWN & NUMBER): _____
ADDRESS: _____ CITY/STATE/ZIP: _____
OFFICE TELEPHONE NUMBER: _____ CELL NUMBER: _____
EMAIL ADDRESS: _____

DESCRIPTION OF WORK: _____

OWNER'S AUTHORIZATION FORM MUST BE INCLUDED WITH ALL MECHANICAL PERMIT APPLICATIONS

[illegible]



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MECHANICAL PERMIT APPLICATION INFORMATION

Property Address: _____ **Date:** _____

PLUMBER INFORMATION

COMPANY NAME: _____
FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
EMAIL ADDRESS: _____
NASSAU COUNTY TOWN/VILLAGE LICENSE NUMBER: _____
*REQUIRED INSURANCE CERTIFICATES: ☐ Liability ☐ Disability ☐ Workers' Comp

ELECTRICIAN INFORMATION

COMPANY NAME: _____
FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
EMAIL ADDRESS: _____
NASSAU COUNTY TOWN/VILLAGE LICENSE NUMBER: _____
*REQUIRED INSURANCE CERTIFICATES ☐ Liability ☐ Disability ☐ Workers' Comp

HVAC INFORMATION

COMPANY NAME: _____
FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
EMAIL ADDRESS: _____
NASSAU COUNTY TOWN/VILLAGE LICENSE NUMBER: _____
*REQUIRED INSURANCE CERTIFICATES ☐ Liability ☐ Disability ☐ Workers' Comp

DRAINAGE INFORMATION

COMPANY NAME: _____
FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____
EMAIL ADDRESS: _____
NASSAU COUNTY TOWN/VILLAGE LICENSE NUMBER: _____
*REQUIRED INSURANCE CERTIFICATES ☐ Liability ☐ Disability ☐ Workers' Comp

***MUST SUBMIT ALL CERTIFICATES OF INSURANCE AT TIME OF APPLYING WITH ALL
ISSUED WITH VILLAGE OF LAKE SUCCESS AS THE CERTIFICATE HOLDER***

****PLEASE NOTE: THIS PERMIT WILL NOT BE ISSUED WITHOUT A 24 HOUR EMERGENCY NUMBER****

NAME: _____ **24 HOUR PHONE NUMBER:** _____



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OWNER'S AUTHORIZATION

I (we) hereby certify that:

1. The information provided on this permit application is true and correct. I understand that the Village of Lake Success will approve or deny a permit based on the information provided.
2. I agree to permit the Building Inspector and any officer or employee of the Village of Lake Success to enter upon the premises in the discharge of their duties with this application.
3. Approved plans and a copy of approved permit will remain on the premises at all times until Certificate of Occupancy/Completion is issued. These plans will be made available to the Building Inspector.
4. Building Inspector will be given a minimum of 48-hour notice to make the required inspection and no work will continue until such inspection has been completed and approved.
5. Owner or his representative will be responsible to arrange for all required inspections.

State of New York

County of Nassau

Property Owner Name - Please Print

Property Owner deposes and says that he/she resides at _____

in the State of _____, that he/she is the owner in fee of all certain lots, parcel of land

shown on the attached survey Section _____ Block _____ Lot(s) _____ situated, lying and being within the Village of Lake Success; that I/we have read and understand the items 1 through 4 as here in stated, that the work to be done upon the premises, will be done in accordance with the approved application and accompanying plans, of which he/she totally familiar and that he/she hereby names the applicant listed on application as his or her representative to file this application.

Signature of Owner: _____

Sworn to me this _____ day of _____ 20_____

Signature of Notary Public _____

Stamp/Seal: