



**DEPARTMENT OF BUILDINGS**  
**INCORPORATED VILLAGE OF GARDEN CITY**  
 VILLAGE HALL  
 351 STEWART AVENUE  
 GARDEN CITY, NY 11530  
 516-465-4040(O) – 516-742-5377 (F)  
 DOB@GARDENCITYNY.NET

<b>PLUMBING</b>	
<i>OFFICE USE ONLY</i>	
APPLICATION #	
Permit #	
Fee Collected	\$

**1. Filing Status – Check all that apply in this section. This form must be typewritten and submitted in Triplicate**

Initial Submission (New)     P.A.A. (Post Approval Amendment)     Other:

**2. Cost of Construction – (Industry Standards)**

Estimated Cost \$     Part of New Building     Part of Alteration     Stand Alone

**3. Property Information**

Address: \_\_\_\_\_ Garden City N.Y 11530

Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Zoned:     Residential     Commercial

Current Use of Property:    Single Family  Multiple Family  Commercial/Business  Other\*  \*Describe Below

**4. Job Description - Scope of Work**

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

**5. Owner/ Tenant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**6. Applicant Information**    License #: \_\_\_\_\_ Town: \_\_\_\_\_ *Same as above:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**7. Contractor Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**8. Applicant Statement & Signature**    *Same as above:*     **9. Construction Manager Statement & Signature**    *Same as above:*

The undersigned affirms that he/she is authorized to make this application, is responsible for the work described, and that all statements and documents contained herein are true and accurate to the best of his/her knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**Forms Submitted – All information to be provided**

Workers Compensation     Disability Insurance Compensation

The undersigned affirms that he/she is authorized to make this application, is responsible for the work described, and that all statements and documents contained herein are true and accurate to the best of his/her knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**Forms Submitted – All information to be provided**

Workers Compensation     Disability Insurance Compensation

**10. Property Owner Statement & Signature**

The undersigned affirms that he/she is the owner of the property described herein, hereby gives the consent to this application and fully understands the requirements contained therein in order to receive a Certificate of Occupancy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Print Name: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**Incomplete applications will not be accepted.    This form must be typewritten by computer or hand printed (no script) and submitted in triplicate (1 original and 2 copies)**



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**INSTRUCTION PAGE**

**\*\*This section is not to be submitted with your application – For Information Purposes Only \*\***

- Application for Plumbing Permit.
- Application for Mechanical Permit (For any related equipment).
- Workers Compensation and Disability Insurance Certificates (**not Accord form**).
- Copy of Plumbing License issued by either the Town of Hempstead, North Hempstead, or Oyster Bay.
- Maintain and legalization applications must be filed separately from new construction.
- All structures are to be filed under separate applications.
- Incomplete applications will not be accepted.

<i>FEE DESCRIPTION</i>	<i>TOTAL FEES</i>
<b>RESIDENTIAL</b>	\$275.00 FOR THE FIRST \$1000 OF ESTIMATED COST PLUS \$20 FOR EACH ADDITIONAL \$1000
<b>COMMERCIAL</b>	\$375 FOR THE FIRST \$1000 OF ESTIMATED COST PLUS \$20 FOR EACH ADDITIONAL \$1000
<b>MAINTAIN AND LEGALIZATION RESIDENTIAL &amp; COMMERCIAL</b>	3X PERMIT FEE + PLUMBING PERMIT FEE(S)

**ALL FEES INCLUDE CERTIFICATE FEE**

**Residential: \$275.00** for the first \$1000 of estimated cost plus \$20 for each additional \$1000 in cash or check payable to the Incorporated Village of Garden City

**Commercial: \$375.00** for the first \$1000 of estimated cost plus \$20 for each additional \$1000 in cash or check payable to the Incorporated Village of Garden City

**Certificate of Compliance: \$100** fee for the Final Certificate of Compliance

**Section**

**Instructions**

<b>1. Filing Status</b>	Check (X) the appropriate box for purpose of filing. Only one box may be checked (X). Provide any other requested information.
<b>2. Cost of Construction</b>	Provide the Estimated Cost of all work that will be completed. Check (X) the appropriate box for what construction is a part of.
<b>3. Property Information</b>	Provide the house number and street name (if available) or Block and Lot. All information is to be provided since permits are based on location. Be specific as possible on actual location.
<b>4. Job Description</b>	Provide a brief description of the work to be covered under this application.
<b>5. Owner / Tenant Information</b>	All information is required.
<b>6. Applicant Information</b>	All information must be provided by the Applicant for the project, unless already stated in "Owner/Tenant Information." In which case, check box in right hand corner. Must include NYS License #.
<b>7. Contractor Information</b>	All information must be provided by the Contractor for the project.
<b>8. Applicant Statement &amp; Signature</b>	All information is required, unless phone numbers were provided under "Owner/Tenant Information."
<b>9. Contractor/ Construction Manager Statement &amp; Signature</b>	All information must be provided by the Manager for the project, unless already stated in "Contractor Information." In which case, check box in right hand corner, sign, print, and date.
<b>10. Property Owner Statement &amp; Signature</b>	All information is required, sign, print, and date.

- Inspection requests must be made at least one day in advance with permit number. **Scheduled with the Department of Buildings**
- Approved plans must be on job site with contractor present for all inspections.
- Permit must be posted in front window or door until final building certificate has been issued.

**REQUIREMENTS FOR CERTIFICATE OF COMPLIANCE:**

1. Final approval of Plumbing Inspection
2. Certificate of Compliance:
  - a. Workers Compensation
  - b. Disability
  - c. Fee- Application signed by homeowner and Plumbing Contractor
  - d. Copy of survey and location of Plumbing Unit(s)

**Final Plumbing Inspection will only be performed once all other associated permits have been completed and all final documentations have been received and reviewed.**