

**Malverne Building Department
Application for Mechanical Permit (Central Air Condition)**

THIS APPLICATION ***MUST*** BE ACCOMPANIED BY:

- *2 COPIES OF A SURVEY INDICATING THE LOCATION OF THE CONDENSER.
- *AN ELECTRICAL PERMIT APPLICATION.
- *A COMPLETED NASSAU COUNTY ASSESSMENT SHEET.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED!

DATE: _____ PERMIT # _____

ADDRESS: _____

OWNER: _____

KIND OF BUILDING _____ USED AS _____

To be completed about _____ Estimated Cost \$ _____

New___ Alteration___ Repair___ Addition___ (Circle One)

TYPE OF EQUIPMENT	NUMBER OF UNITS	FEE	TOTAL
Air condition units-H.P. each*			
Forced Air Systems (oil)			
Ventilation Fan			
Incinerator (oil)			
Refrigeration units-H.P. each			
Solid Fuel Burning Stoves			
Chimney/Vents			
Please Print			TOTAL

ELECTRICIAN'S NAME _____

PLUMBER'S NAME _____

CONTRACTOR'S NAME _____

ADDRESS _____ PHONE# _____

Ready for inspection on _____ or will call when ready _____

Applicant certifies that all information given is correct and that all pertinent mechanical ordinances will be complied with in the performing of the work for which this permit is used.

Signature of Contractor

DATE:

Signature of Superintendent
Building Department

DATE: