

# MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

## HVAC / GENERATOR PERMIT

Incomplete applications will not be accepted All fees are non-refundable.

THIS APPLICATION MUST BE submitted with:

- Survey/plot plan indicating any exterior unit locations including set back dimensions to property lines.
- Manufacturer's specification sheets for ALL equipment – including Energy Information (SEER)
- Separate Electrical permit application for any electrical work
- Separate Plumbing permit application for any Gas / Water Piping and Boilers / Water Heaters
- Nassau County Department of Assessment Building Permit application – must be signed by property owner.
- Separate Building permit and or certifications by licensed design professional may be required for any new building structural supports for HVAC units or Verification of existing structural support.
- Inspection Requirements form signed by the Contractor or Property Owner.
- Signed and Sealed P.E. or R.A. comprehensive Mechanical / HVAC drawings required for new commercial work or Geo Thermal systems
- Manual J and Manual S reports for new conditioned spaces

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

Permit App # \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Address of Project: \_\_\_\_\_ Malverne, NY 11565

Check all that apply: Residential ☐ Commercial ☐ Maintain / As Built ☐ New ☐  
Alteration ☐ Replacement ☐ Addition ☐

TYPE OF EQUIPMENT	# UNITS	FEE/UNIT	TOTAL
Ducted Cooling System (Per Set of Air Handler/Condenser)	<input type="text"/>	\$100.00	\$ <input type="text"/>
Ducted Hot Air Furnace	<input type="text"/>	\$100.00	\$ <input type="text"/>
Ductless Mini Split System (Per Exterior Inverter)	<input type="text"/>	\$50.00	\$ <input type="text"/>
Electric Generator	<input type="text"/>	\$50.00	\$ <input type="text"/>
Geothermal System	<input type="text"/>	\$50.00	\$ <input type="text"/>
Other: _____	<input type="text"/>	\$50.00	\$ <input type="text"/>

Fee for total units

- ☐ Certificate of Compliance / Letter in Lieu - Residential \$100.00 \$   
☐ Certificate of Compliance / Letter in Lieu - Commercial \$300.00 \$   
☐ Maintain and Legalize / As Built Surcharge **1.5 times** the total permit fee \$

**TOTAL HVAC PERMIT FEE** (Electrical and Plumbing Work Separate Application and Fees) \$

Appliance Fueled by: ( Propane ☐ Natural Gas ☐ Electric ☐ Fuel Oil ☐ Other ☐ )

Ductwork: ( New ☐ Reuse Existing ☐ )

Indicate Number of Air Handlers for ducted systems:

Indicate Number of Air Handlers for ductless systems:

Indicate Locations of all Air Handlers for ducted systems:

Basement:  First Floor:  Second floor:  Third Floor:  Attic:  Other:

Indicate Locations of all Air Handlers for ductless systems:

Basement:  First Floor:  Second floor:  Third Floor:  Attic:  Other:

- HVAC Contractor Name: \_\_\_\_\_ Malverne License # \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Electrician Name \_\_\_\_\_ Malverne License # \_\_\_\_\_
- Plumbers Name \_\_\_\_\_ Malverne License # \_\_\_\_\_

Signature of HVAC Contractor

Signature of Property Owner

Village Approval Signature and Stamp

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

NOTARY SIGNATURE \_\_\_\_\_  
SEAL

No registered contractor shall sign a Central Air / HVAC/ Generator permit or act as an agent for a person who is not a licensed contractor in the Village of Malverne. I understand by signing that my license in the Village of Malverne could be in jeopardy by violating the above statement. Applicant certifies that all information given is correct and that all work shall conform to the current NYS Residential, Building, Plumbing, Fire, Existing Building, Fuel Gas, Energy Conservation, Property Maintenance and Mechanical Codes and all Village Ordinances for which this permit is issued.

# MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY Phone 516-599-1200 Fax 516-823-0767

## **CENTRAL AIR SYSTEMS**

### **INSPECTIONS / CERTIFICATIONS REQUIRED**

1. ELECTRICAL CERTIFICATE AGENCY: ROUGH AND FINAL ON ALL ELECTRIC TO ALL UNITS, INTERIOR AND EXTERIOR.
2. MALVERNE PLUMBING INSPECTOR: ROUGH AND FINAL ON ANY GAS PIPING.
3. MALVERNE BUILDING INSPECTOR: FLUE / CHIMNEY AND THEIR TERMINATIONS FOR GAS OR OIL FUELED FURNACES
4. MALVERNE BUILDING INSPECTOR: DUCT INSULATION AND DUCT SEALING PRIOR TO ANY COVERING OF FINISHES.
5. MALVERNE BUILDING INSPECTOR: FIRE BLOCKING/FIRE STOPPING IN CONCEALED SPACES AT FLOORS AND FIRE RATED WALLS.
6. MALVERNE BUILDING INSPECTOR: FINAL ON INTERIOR AIR HANDLER(S) INSTALLATION AND EXTERIOR CONDENSER UNIT(S) LOCATION.
7. DUCT PRESSURE TEST AIR LEAKAGE REPORT FROM TESTING AGENCY, WHEN APPLICABLE.
8. APPROVED ELECTRICAL CERTIFICATE.
9. INSTALLATION AFFIDAVIT FROM HVAC CONTRACTOR



INCORPORATED VILLAGE OF MALVERNE  
BUILDING DEPARTMENT  
99 CHURCH STREET, MALVERNE, NEW YORK 11565  
(516) 599-1200 ext. 113/114

**DUCTLESS SPLIT AIR  
CONDITIONING  
SYSTEM INSPECTION  
REQUIREMENTS**

Under NYS Title 19 Section 1203.3 (b) (1) & (2), NYS requires The Incorporated Village of Malverne Department of Buildings inspect and verify all construction items listed below be inspected prior to closing. In the event the inspection is missed, the Homeowner / Contractor will be responsible to OPEN/EXPOSE any or all items as requested by the Department of Building Staff for proper certification. No Certificate of Compliance or Occupancy can be issued if any of the required inspections are not performed.

PROPERTY ADDRESS: <b>SECTION:</b> <b>BLOCK:</b> <b>LOT(S)</b> <b>ZONE</b>		<b>APPLICATION #:</b> MECHANICAL PERMIT # PLUMBING PERMIT # ELECTRICAL PERMIT #
<b>TOTAL REQUISITE INSPECTIONS REQUIRED</b> <b>5</b>		
<b>PROJECT DESCRIPTION</b>	<b>Installation of a ductless split air conditioning system</b>	

THE FOLLOWING REQUIRED INSPECTIONS **CHECKED (☑) ITEMS** MUST BE PERFORMED AND ACCEPTED PRIOR TO THE ISSUANCE OF THE CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLETION:

REQUIRED INSPECTIONS ( DURING CONSTRUCTION AND FINAL INSPECTIONS )	
<input checked="" type="checkbox"/> EXTERIOR CONDENSER LOCATION(S)	<input checked="" type="checkbox"/> ROUGH INSPECTION BY ELECTRICAL INSPECTION AGENCY
<input checked="" type="checkbox"/> FINAL INCLUDING SEER RATING CONFIRMATION	<input checked="" type="checkbox"/> FINAL INSPECTION BY ELECTRICAL INSPECTION AGENCY
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> PLUMBING GAS PRESSURE TEST
<input type="checkbox"/>	<input type="checkbox"/> PLUMBING ROUGH
<input type="checkbox"/>	<input type="checkbox"/> PLUMBING FINAL
<input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> CARBON MONOXIDE DETECTOR(S) & SMOKE DETECTORS
REQUIRED ADMINISTRATIVE DOCUMENTATION FOR CLOSEOUT	
<input type="checkbox"/>	
<input type="checkbox"/> UPDATED PROPERTY SURVEY SHOWING LOCATION OF CONDENSERS	
<input checked="" type="checkbox"/> ELECTRICAL AGENCY APPROVAL CERTIFICATE	

**Electrical Inspection** - Electrical inspections are coordinated by your electrician. Your electrician is required to be present during the inspections.

**Plumbing Inspection** (if Plumbing required)—All plumbing inspections are to be coordinated by your plumber. Your plumber is required to be present during inspections. Direct replacement of Plumbing fixtures or New / relocated installations require both a rough plumbing inspection as well as a Final Plumbing inspection. Call Joseph Montilli at (516) 766-7684 to set up an appointment.

**Building Inspection** — Building inspections are to be coordinated by your contractor. During construction inspections are to be scheduled prior to closing or covering. The final building inspection should not be called for until the final electrical and plumbing (if required) inspections are completed and have passed inspection. A representative for the contractor must be present during the final inspection. Call (516) 599-1200 X113/114 to set up an appointment.

DISCLAIMER: The ultimate responsibility lies with the owner to confirm that all inspection requirements have been met. I (We) have read, understand and **AGREE** the checked requirement will be scheduled. Should an inspection be missed, I (We) will "OPEN/EXPOSE" the required area(s) per the inspector request for proper verification under NYCRR Title 19, Section 1203. The premise will also not be allowed to be utilized or occupied until a Certificate of Completion or Certificate of Occupancy are issued.

Per NYCRR Title 19, Section 1203 – All Department of Building Permits are required to be visibly displayed at the work site and to remain visible until the project has been completed.

	PRINT	Signature	Date
Property Owner			
Contractor			

**48 HOUR NOTICE MUST BE GIVEN FOR EACH INSPECTION – THIS IS A MINIMAL CHECKLIST – OTHER INSPECTIONS NOT CHECKED OFF OR UNLISTED MAY BE REQUIRED ON AN INDIVIDUAL PROJECT BASIS – ALL INSPECTIONS SHALL BE MADE WITH THE VILLAGE BUILDING DEPARTMENT OFFICE, NOT DIRECTLY WITH THE INSPECTOR**



INCORPORATED VILLAGE OF MALVERNE  
BUILDING DEPARTMENT  
99 CHURCH STREET, MALVERNE, NEW YORK 11565  
(516) 599-1200 ext. 113/114

**CENTRAL AIR  
SYSTEM  
INSPECTION  
REQUIREMENTS**

Under NYS Title 19 Section 1203.3 (b) (1) & (2), NYS requires The Incorporated Village of Malverne Department of Buildings inspect and verify all construction items listed below be inspected prior to closing. In the event the inspection is missed, the Homeowner / Contractor will be responsible to OPEN/EXPOSE any or all items as requested by the Department of Building Staff for proper certification. No Certificate of Compliance or Occupancy can be issued if any of the required inspections are not performed.

PROPERTY ADDRESS: <b>MALVERNE, NY 11565</b>		APPLICATION #:  BUILDING PERMIT # PLUMBING PERMIT # ELECTRICAL PERMIT #
SECTION:	BLOCK: LOT(S) ZONE	
TOTAL REQUISITE INSPECTIONS REQUIRED		
7		
PROJECT DESCRIPTION	Installation of a central air conditioning system (interior air handler, exterior condenser unit and associated ductwork)	

THE FOLLOWING REQUIRED INSPECTIONS ☒ ITEMS MUST BE PERFORMED AND ACCEPTED PRIOR TO THE ISSUANCE OF THE CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLETION:

REQUIRED INSPECTIONS ( DURING CONSTRUCTION AND FINAL INSPECTIONS )	
<input checked="" type="checkbox"/> EXTERIOR CONDENSER LOCATION	<input checked="" type="checkbox"/> ROUGH AND FINAL INSPECTION BY ELECTRICAL INSPECTION AGENCY
<input checked="" type="checkbox"/> AIR HANDER LOCATION AND SUPPORT	<input type="checkbox"/> PLUMBING ROUGH INSPECTION & FINAL INSPECTION
<input checked="" type="checkbox"/> DUCT SEALING	<input type="checkbox"/> PLUMBING GAS TEST
<input checked="" type="checkbox"/> DUCT INSULATION	<input type="checkbox"/> DEMOLITION FINAL
<input checked="" type="checkbox"/> FINAL INCLUDING SEER CONFIRMATION	<input type="checkbox"/> CARBON MONOXIDE DETECTOR(S) & SMOKE DETECTORS
<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:
REQUIRED ADMINISTRATIVE DOCUMENTATION FOR CLOSEOUT	
<input type="checkbox"/> ASBESTOS VERIFICATIONS FROM LICENSED ASBESTOS CONTRACTOR BEFORE AND AFTER REMOVAL	
<input type="checkbox"/> UPDATED PROPERTY SURVEY SHOWING LOCATION OF CONDENSERS	
<input checked="" type="checkbox"/> AIR DUCT LEAKAGE TEST REPORTS ( ENERGY CODE MANDATORY IF ANY DUCTWORK IN UNCONDITIONED SPACE)	<input checked="" type="checkbox"/> NOTARIZED INSTALLATION CERTIFICATION LETTER FROM CONTRACTOR
<input checked="" type="checkbox"/> ELECTRICAL AGENCY APPROVAL CERTIFICATE	<input type="checkbox"/> LEAD PAINT REMOVAL VERIFICATION

**Electrical Inspection** - Electrical inspections are coordinated by your electrician. Your electrician is required to be present during the inspections.

**Plumbing Inspection** (if Plumbing required– All plumbing inspections are to be coordinated by your plumber. Your plumber is required to be present during inspections. Direct replacement of Plumbing fixtures or New / relocated installations require both a rough plumbing inspection as well as a Final Plumbing inspection. Call Joseph Montilli at (516) 766-7684 to set up an appointment.

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Property Owner			
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*Incorporated Village of Malverne*  
**BUILDING DEPARTMENT**

99 Church Street, Malverne New York 11565-1726  
Phone: (516) 599-1200 • Fax: (516) 823-0767

**RESIDENTIAL SMOKE DETECTOR &**  
**CARBON MONOXIDE AFFIDAVIT**

State of New York

Building Permit # \_\_\_\_\_

ss:

County of Nassau

Plumbing Permit # \_\_\_\_\_

I \_\_\_\_\_ am the owner of real property located at:

\_\_\_\_\_ Malverne, New York.

I hereby attest the premises is a one or two family dwelling and affirm that in accordance with the provisions of Section R314 of the 2020 Residential Code of New York State, smoke detectors have been installed, maintained, and are in operable condition in the dwelling as noted below.

1. Outside each separate sleeping area in the immediate vicinity of the bedrooms.
2. In each room used for sleeping purposes.
3. In each additional story within the dwelling unit, including basements and habitable attics, while excluding crawl spaces, and uninhabitable attics.
4. Interconnection of all smoke alarms shall be mandatory when interior wall and ceiling finishes are removed to expose the structure and or there is an attic, crawl space, or basement available that could provide access for interconnection. Approved wireless units are also acceptable.

I hereby attest that in accordance with the provisions of Section R315 of the 2020 Residential Code of New York State and Section 915 of the Fire Code of New York State, carbon monoxide detectors have been installed, maintained, and are in operable condition in the dwelling where a carbon monoxide source exists as noted below. Sources include but are not limited to gas or oil fired boilers, furnaces, and water heaters, wood or gas fireplaces, wood or coal stoves, and attached garages.

1. Outside each separate sleeping area within 10 ft. of the entrance to the sleeping area/ bedrooms.
2. If there is a carbon monoxide source in the bedroom or an attached bathroom there shall be one located in the bedroom.
3. Approved combination smoke alarms / carbon monoxide detectors are acceptable.

**FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO THE PENAL LAW OF NY STATE**


Dated: \_\_\_\_\_

Signature \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
Owner - Print Name

\_\_\_\_\_  
Notary

<div></div> <div><b>BUILDING PERMIT</b> <b>COMMERCIAL OR MIXED USE</b> <b>DEPARTMENT OF ASSESSMENT</b> <b>NASSAU COUNTY</b> <b>240 Old Country Road, Mineola, NY 11501</b></div>						<b>DATE REC'D</b>																																									
SECTION	BLOCK	LOT (S)		SCH DIST	PERMIT #		SPECIFIC ZONING DESIGNATION																																								
Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)			N.E.S.W. SIDE OF																																											
ADDRESS OF PROPERTY				Check one	NAME OF BUSINESS																																										
CITY, TOWN, VILLAGE				ZIP	CONTACT PERSON																																										
ESTIMATED COST OF CONSTRUCTION:				<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS																																										
					CITY, STATE, ZIP																																										
					PHONE																																										
DATE TO BEGIN		PRINCIPLE TYPE OF CONSTRUCTION <input type="checkbox"/> STEEL  <input type="checkbox"/> MASONRY  <input type="checkbox"/> OTHER			EMAIL																																										
DATE TO COMPLETE																																															
LOT SIZE S.F.																																															
# BLDGS ON LOT		Grouping or apportioning lots? Yes_____ No_____																																													
DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)				List existing lots:																																											
				Proposed lots:																																											
<b>CHECK ALL THAT APPLY</b>				<b>USE BY SIZE AND FLOOR</b>																																											
<div><input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> OTHER (Describe) _____ <input type="checkbox"/> FAÇADE <input type="checkbox"/> BASEMENT RENO <input type="checkbox"/> HVAC <input type="checkbox"/> ROOF <input type="checkbox"/> PLUMBING</div> <div><div><div>ELEVATORS</div><div>SIZE</div><div>QUANTITY</div></div><div><input type="checkbox"/> ELEVATORS<div>_____</div><div>_____</div></div><div><input type="checkbox"/> SPRINKLERS<div>_____</div><div>_____</div></div><div><input type="checkbox"/> SOLAR<div>_____</div><div>_____</div></div><div><input type="checkbox"/> ANTENNA<div>_____</div><div>_____</div></div><div><input type="checkbox"/> BILLBOARD<div>_____</div><div>_____</div></div><div><input type="checkbox"/> SATELLITE DISH<div>_____</div><div>_____</div></div></div>				<table><tr><td></td><td colspan="2">EXISTING S.F. AREA</td><td colspan="2">PROPOSED S.F. AREA</td></tr><tr><td></td><td>Use</td><td>Size SF</td><td>Use</td><td>Size SF</td></tr><tr><td>BSMT</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>1ST</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>1ST</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>2ND</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>ADDNL FLOORS</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>TOTAL # FLOORS</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table>					EXISTING S.F. AREA		PROPOSED S.F. AREA			Use	Size SF	Use	Size SF	BSMT	_____	_____	_____	_____	1ST	_____	_____	_____	_____	1ST	_____	_____	_____	_____	2ND	_____	_____	_____	_____	ADDNL FLOORS	_____	_____	_____	_____	TOTAL # FLOORS	_____	_____	_____	_____
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OTHER (Describe)	_____	_____																																													

DATE OF GRANTING OF PERMIT \_\_\_\_\_

SEPARATE APPLICATION SHALL BE  
MADE FOR EACH BUILDING

FIELD REPORT ON REVERSE

Signature of Applicant/Contact Person

Address of Applicant/Contact Person

Tele #



**BUILDING PERMIT  
RESIDENTIAL PROPERTY  
DEPARTMENT OF ASSESSMENT  
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: \_\_\_\_\_

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building	N.E.S.W. SIDE OF (OR CORNER OF)		N.E.S.W. SIDE OF	
ADDRESS OF PROPERTY			Check one	NAME OF BUSINESS
CITY, TOWN, VILLAGE			<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	CONTACT PERSON/OWNER
ESTIMATED COST OF CONSTRUCTION:				ADDRESS
				CITY, STATE, ZIP
WORK MUST BEGIN BY	PRINCIPLE TYPE OF CONSTRUCTION			PHONE
PERMIT EXP DATE	<input type="checkbox"/> STEEL			EMAIL
LOT SIZE S.F.	<input type="checkbox"/> MASONRY			IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION
# BLDGS ON LOT	<input type="checkbox"/> FRAME			

**DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)**

**\*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT**

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY	DOES RESIDENCE HAVE THE FOLLOWING
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE
CENTRAL AIR    YES <input type="checkbox"/> NO <input type="checkbox"/>	
FINISHED ATTIC    YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>BASEMENT FINISH</b>	
1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>	

PROPOSED TOTAL PLUMBING FIXTURES				
FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

NUMBER OF EXISTING AND PROPOSED BATHS			
NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS	
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS	
HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES			
NEW C/O NEEDED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
VARIANCE OBTAINED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
SURVEY ENCLOSED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE	
DATE OF GRANTING OF PERMIT _____	Signature of Applicant/Contact Person - Sign & Print _____
<b>SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING</b>	Address of Applicant/Contact Person _____ Telephone _____
<b>FIELD REPORT ON REVERSE</b>	

TOWN \_\_\_\_\_  
SCHOOL DISTRICT \_\_\_\_\_  
SECTION \_\_\_\_\_  
BLOCK \_\_\_\_\_  
LOT(S) \_\_\_\_\_  
CA # OR BLDG # \_\_\_\_\_  
UNIT # \_\_\_\_\_  
DATE \_\_\_\_\_

# CENTRAL AIR CONDITIONING INSTALLATION REQUIREMENTS AS PER THE 2020 RESIDENTIAL CODE OF NEW YORK STATE AND THE 2020 ENERGY CONSERVATION CONSTRUCTION CODE OF NEW YORK STATE

- Access opening to equipment- minimum size is 22" x 30"
- Catwalk to equipment- minimum width is 24" wide
- Equipment service area- minimum size 30"x 30"
- Maximum distance from access opening to equipment is 20 feet
  
- Lighting switch shall be installed at access door for light located at equipment
  
- Receptacle outlet shall be installed at or near the appliance
- Condensation from equipment shall be conveyed to approved place of disposal
  
- Auxiliary and Secondary systems shall be required at equipment as per manufacturer specifications and must comply with
- No structural members shall be cut, bored or notched beyond permitted allowances
- Supply and return ducts in attics shall be insulated to a minimum of R-8 where 3 inches (76 mm) in diameter and greater and R-6 where less than 3 inches (76 mm) in diameter. Supply and return ducts in other portions of the building shall be insulated to a minimum of R-6 where 3 inches (76 mm) in diameter or greater and R-4.2 where less than 3 inches (76 mm) in diameter.  
Exception: Ducts or portions thereof located completely inside the building thermal envelope.
- Ducts, air handlers and filter boxes shall be sealed. Joints and seams shall comply with either the International Mechanical Code or International Residential Code, as applicable.  
Exceptions:
  1. Air-impermeable spray foam products shall be permitted to be applied without additional joint seals.
  2. For ducts having a static pressure classification of less than 2 inches of water column (500 Pa), additional closure systems shall not be required for continuously welded joints and seams, and locking-type joints and seams of other than the snap-lock and button-lock types.



- Ducts shall be pressure tested to determine air leakage by one of the following methods:
  1. Rough-in test: Total leakage shall be measured with a pressure differential of 0.1 inch w.g. (25 Pa) across the system, including the manufacturer's air handler enclosure if installed at the time of the test. All registers shall be taped or otherwise sealed during the test.
  2.                      test: Total leakage shall be measured with a pressure differential of 0.1 inch w.g. (25 Pa) across the entire system, including the manufacturer's air handler enclosure. Registers shall be taped or otherwise sealed during the test.

Exception: A duct air leakage test shall not be required where the ducts and air handlers are located entirely within the building thermal envelope.

A written report of the results of the test shall be signed by the party conducting the test and provided to the code official.

- All ductwork shall be fire blocked at floor levels in concealed spaces
- Field- and shop-fabricated fibrous glass ducts shall be supported in accordance with the SMACNA Fibrous Glass Duct Construction Standards or the NAIMA Fibrous Glass Duct Construction Standards. Field- and shop-fabricated metal and flexible ducts shall be supported in accordance with the SMACNA HVAC Duct Construction Standards—Metal and Flexible as per M1601.4.4
- Factory-made ducts shall be supported in accordance with manufacturer installation instructions as per M 1601.4.4
- All electric shall be installed as per the National Electrical Code and a electric underwriters certificate is required

**Provide notarized letter from installer of HVAC certifying that all HVAC work was installed in accordance with the 2020 Residential Code of NYS and Energy Conservation Construction Code of NYS**

**Installation of appliances shall conform to the conditions of their listing and label and the manufacturer's installation instructions and all applicable codes. The manufacturer's operating and installation instructions shall remain attached to the appliance.**

**Note: The items listed on this sheet are common deficiencies noted during Air conditioning installation inspections and are not intended to list all code requirements. For all code requirements see the 2020 Residential and Energy Conservation Construction Codes and your design professional.**

# MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY

Phone 516-599-1200 Fax 516-823-0767

## **Residential Generator Application Guidelines**

- Electrical permit application
- Manufacturer installation manual/specs for generator
- A copy of tax bill/proof of ownership if not on file
- *All* contractor licensed with the village
- Copy of survey indicating location of proposed generator with **dimensions to property line and to all structures\***

*\*For Zoning purposes the location shall comply with accessory structure setbacks  
(Permitted in required side yards)*

**For Residential Code purposes, location shall comply with the following requirements of NFPA 37-2010, engines and their weatherproof housing shall be located 5 feet from any wall openings and combustible walls.**

**A minimum separation shall not be required where either of the following conditions exist:**

- 1. The adjacent wall has fire resistance rating of 1 hour**
- 2. The weatherproof enclosure is constructed of noncombustible materials and it has been demonstrated that a fire within the enclosure will not ignite combustible materials outside the enclosure**

- Generator shall be supported on foundations or secured to noncombustible framework.
- Generator shall be located that exhaust gases will not collect adjacent to, enter into or be drawn into an occupied building
- All electric shall be installed as per the National Electrical Code
- Installation of appliances shall conform to the conditions of their listing and label and the manufacturer's installation instructions, NFPA 37-2010 and all applicable codes. The manufacturer's operating and installation instructions shall remain attached to the appliance

### **Required for Certificate of Compliance:**

1. Electric certificate
2. Pressure test (Natural gas only)
3. Fire Marshal Approval (LP Gas Installation)

# MALVERNE BUILDING DEPARTMENT APPLICATION

99 Church Street Malverne, NY  
Phone 516-599-1200 Fax 516-823-0767

## NATURAL GAS GENERATOR METER AND PIPE SIZING

Appliance	BTU's	Pipe Size

Total BTU's \_\_\_\_\_

Meter and Piping Size to be installed based upon BTU demand.

\_\_\_\_\_

Address \_\_\_\_\_

Application # \_\_\_\_\_ Date \_\_\_\_\_

*Incorporated Village of Malverne*

*Building Department*

99 Church Street, Malverne New York 11565-1726

Phone: (516) 599-1200 • Fax: (516) 823-0767

**AFFIDAVIT OF CENTRAL AIR CONDITIONING INSTALLATION**

STATE OF NEW YORK

COUNTY OF NASSAU

I, \_\_\_\_\_, owner/installer of

\_\_\_\_\_  
(COMPANY NAME)

Affirm and Attest that the installation of the central air conditioning system at:

\_\_\_\_\_, Malverne, New York, Permit No: \_\_\_\_\_

Was installed as per the approved permit documents and as per all applicable NYS Codes.

\_\_\_\_\_  
Company Name

By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name/Title

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Notary Signature

Seal: