

Town of North Hempstead

Department of Building Safety, Inspection & Enforcement

210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662

www.northhempsteadny.gov

APPLICATION TO AMEND RESIDENTIAL / COMMERCIAL PLUMBING PERMIT

**** Submission requires TWO copies of this form with original signature**

*****Note: Addition of plumbing fixtures and/or other equipment may require the submission of a Building Permit Amendment accompanied by plans showing the location of ALL additional fixture(s) and a revised Riser Diagram.***

Date _____ Section _____ Block _____ Lot _____

Property Address _____

Property Owner & Address _____

Phone _____ Email address _____

Describe Amendment changes, and fill in permit numbers below:

Permit Number: _____ Desc: _____

Permit Number: _____ Desc: _____

Permit Number: _____ Desc: _____

Permit Number: _____ Desc: _____

SIGNATURE OF PROPERTY OWNER: _____

SIGNATURE OF APPLICANT: _____ **PRINT NAME** _____

APPLICANT REPRESENTS: _____

****PLEASE NOTE ALL ADDITIONAL FIXTURES ON THE BACK OF THIS FORM. YOU MUST ALSO INDICATE THE COST OF CONSTRUCTION (LABOR AND MATERIALS).***

****You can NOT use this application for work that does not have an existing permit**

FOR OFFICE USE ONLY:

AMENDMENT FEE REQUIRED: _____ CALCULATED BY _____

Fees to be calculated at time of submission

DATE FILED _____

No. Fixtures in Total _____

No. of Gas Appliances in Total _____

Indicate quantity of items unless otherwise indicated

FIXTURE TYPE	Location				Insp. Date
	B	1 st	2 nd	3 rd	
Location					
Water Closet					
Lavatories					
Bathtub					
Shower					
Bidet					
Urinal					
Kitchen Sink					
Sink Other					
Grease Trap					
Indirect Wastes					
Dishwasher					
Laundry Tub					
Washing Machine					
Sprinkler Heads					
Roof Drains					
Floor Drains					
Drinking Fountain / Water Cooler					
Est. Plumb. Cost					
INFRASTRUCTURE Indicate quantity & cost					
Sewer					
Septic/Cesspool					
Leeching Pools					
Drywells					
Main Water Service					
Fuel Tank # and Size					

() Gas () LP Gas () Oil

	Yd cell ar	B	1	2	3	Rf	Cost	Insp. Date
# Ft Gas Piping – lf/cost								
HVAC Units								
HVAC ductwork –cost								
Furnace Gas/Oil								
Boiler Gas/Oil								
H/W Heater Gas/Oil								
Indirect Storage Tanks								
Stove								
Oven								
Range (Counter Range)								
Dryer								
Generator								
Gas Fire Place								
Pool Heater								
Barbeque								
Steamer								
Roof Top Heater								
Unit Heater								
Infrared Heater								

ADDITIONAL REQUIREMENTS

- Schematic riser diagram required for sanitary piping plumbing permit.
- Schematic piping plan illustrating length of pipe runs required for gas piping permit.
- Sprinkler drawings are required for sprinkler permits and must include fire marshal's approval.
- Site plan and survey required for drywells, cesspools, and grease trap permits.
- Site plan and survey illustrating location of exterior placed equipment required for HVAC permit. HVAC equipment may not be located in the required minimum side or rear yard or in any front yard.
- Sewer application shall include permit from county or local sewer authority and highway permit/road opening permit.
- Applications for gas appliances must be accompanied by gas piping applications unless direct replacement of existing appliance.
- Town Fuel Oil Tank Removal, Abandonment or Installation form, Nassau County Department of Health tank removal form and survey required for Fuel Tank removals and or replacement dependent on action.

FOR OFFICE USE ONLY

Date signed off: _____ Inspector: _____

Comments: _____

NOT VALID UNTIL STAMPED APPROVED BELOW THIS LINE