

VILLAGE OF GREAT NECK ESTATES

INSTRUCTIONS FOR FILING A BURNER/FURNACE/HOT WATER HEATER OIL TO GAS CONVERSION PERMIT

- **Complete the attached Application**
- **Provide a copy of Contractor's License, Liability, Worker's Compensation & Disability Insurance Certificates**
- **Plumbers & Electricians need to have a Great Neck Estates License (\$50/year) and must also provide a copy of their License, Liability, Disability, and Worker's Compensation Insurance**
- **Provide a copy of the Catalog sheet(s) with burner/furnace/hot water heater specifications**
- **Attach Diagram of any electrical and/or plumbing required for the installation**
- **Provide Fresh Air Intake**
- **Verify that Burner is installed 3 feet 0" from any combustible material**
- **Install 5/8" Fire-rated GWB on any walls or ceiling closer than 3 feet 0"**
- **Call for a gas pressure test and final inspection**
- **Provide proof of completion of the following:**
 - Nassau County Dept. of Health Tank Abandonment Notification Form (see sample attached)**
 - Nassau County Dept. of Health Affirmation of Non-Leaking Tank (see sample attached)**

Fee: _____

Receipt: _____

Date: _____

VILLAGE OF GREAT NECK ESTATES
APPLICATION FOR A BURNER/FURNACE/HOT WATER HEATER/
OIL TO GAS CONVERSION PERMIT

Must Provide Fresh Air Intake in Compliance w/Chapter 24 of NYS Code
Verify that Burner is installed 3 feet 0" from any combustible material
Install 5/8" Fire-rated GWB on any walls or ceiling closer than 3 feet 0"

Location of Job _____ Section 2 Block _____ Lot(s) _____

Owner's Name(s) _____

Owners Home Phone # _____ Business/Cell # _____

DESCRIPTION OF JOB _____

Estimated Cost of Work \$ _____

Oil to Gas Conversion _____ Location of Tank _____

Provide a Nassau County Dept. Of Health Homeowner Tank Abandonment Paid Form Filed on: _____ (Date)

Name of Burner/Furnace/Hot Water Heater _____

Model Number _____ Underwriter's number _____

File Number _____ Motor _____

Pump _____ Controls _____

Contractor's Name _____

Contractor's Address _____

Contractor's Telephone # _____ 24 Hr Emergency # _____

Plumber's Name _____

Plumber's Address _____

Plumber's Telephone # _____ 24 Hr Emergency # _____

Electrician's Name _____

Electrician's Address _____

Electrician's Telephone # _____ 24 Hr Emergency # _____

(2)

AFFIDAVIT OF PROPERTY OWNER/AUTHORIZATION

All Owners must sign either as owner or applicant

State of New York)

ss:

County of Nassau)

(I)(We), _____ being duly sworn, state:
Print Name(s)

Complete Items #1, 2 or 3 as applicable, then Item #4

- (1) (I am) (We are) the owner(s) of the property described in this application known as _____, and described on the Nassau County Land and Tax Map as Section _____, Block _____, Lot(s)_____.
- (2) If the applicant is a corporation, the deponent is an officer thereof, to wit the _____, and is authorized by the Board of Directors of the corporation to execute this application on behalf of the corporation.
- (3) If the applicant is a partnership, the deponent, _____ is a general partner thereof, and has authority to execute this application in the name of the partnership.
- (4) (I) (We) hereby authorize _____ to submit this application.

Signature of Owner

Signature of Owner

Signature of Applicant

Sworn to before me this ____ day
of _____ 20 ____.

Notary Public

Sworn to before me this ____ day
of _____ 20 ____.

Notary Public

**FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS ‘A’ MISDEMEANOR
PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK**

Machinery Operation Compliance Agreement

Section 154-2(A) of the Code of the Village of Great Neck Estates states that no person shall cause the operation of any machinery, drills, power saws or other equipment between the hours of 9:00 P.M. and 8:00 A.M. on the following day, or at any time on Sundays or Holidays, if such operation causes the emission of noise audible beyond the boundary of the property on which the machinery or equipment is located.

I, the undersigned, have read, understand and will comply with the aforementioned section of the Village Code.

Print Name /Title

Signature

Date

VILLAGE OF GREAT NECK ESTATES

4 Gateway Drive, Great Neck, NY 11021

516-482-8283

Fax: 516-482-5572

INSURANCE & LICENSE REQUIREMENTS

GENERAL CONTRACTORS:

- **General Liability Certificate** (Acord Form)
 - ✓ Village of Great Neck Estates must be listed as the Certificate Holder & as Additionally Insured
 - ✓ Address of Job must also be listed on certificate
- **Additional Insured Endorsement Form**
 - ✓ ISO Form CG 20 12
- **Disability Insurance** (DB120 form)
- **Workers' Compensation** (C105.2 form)
- **Nassau County Home Improvement License**

**Note: For Workers' Comp & Disability Exemption use form CE-200*

PLUMBER:

- Village of Great Neck Estates Plumber's License - \$50/year
Submit copy of current Master Plumber's License &
Liability, Disability & Workers' Comp Insurances as indicated above

ELECTRICIAN:

- Village of Great Neck Estates Electrician's License - \$50/year
Submit copy of current Master License &
Liability, Disability & Workers' Comp Insurances as indicated above

ELECTRICAL INSPECTION SERVICES

Certified Electrical Inspections Inc.
188 Park Ave
Amityville NY 11701
1-888-238-1338
1-631-598-5610

Electrical Inspectors Inc.
308 East Meadow Ave
East Meadow NY 11554
516-794-0400

Suffolk Bureau of Electrical Inspectors Inc
40 Nottingham Drive
Middle Island, NY 11953 11953
631-495-8136
3/10/14

Electrical Inspection Service Inc.
375 Dunton Avenue
East Patchogue, NY 11772
631-286-6642
6/13/11

Alliance Electrical Inspections Ltd
707 Hyman Avenue
West Islip, NY 11795
516-248-0820/631-539-6055
6/13/11

Long Island Electrical Inspectors, Inc.
21 Third Avenue
Bayshore, NY 11706
631-708-6690
7/8/13

***The above electrical inspection companies are the only electrical inspectors authorized by the Village of Great Neck Estates Board of Trustees.**

Nassau County Department of Health
Small Facility/Homeowner Tank Abandonment
Notification Form

Date of Job ___/___/___

****All notifications must be received by
NCDH 7 days prior to the date of the job
accompanied by a fee of \$70.00 per tank.**

Contractor _____

Phone # _____

Name of Property Owner _____

Address _____

Village _____ Telephone _____

Existing Tank Information:

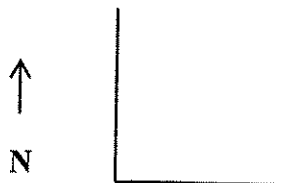
Tank Size:

_____ 275 _____ 550 _____ 1,000

Fill Material:

_____ Sand _____ Concrete _____ Approved Foam

Tank Location Diagram:



New Installation:

<u>Tank Size</u>	<u>Location</u>
_____ 275	_____ Above ground on pad/containment
_____ 550	_____ Below ground
_____ 1,000	_____ Indoors
	_____ Conversion to gas

****All removals/abandonments, installations etc. must be done in accordance with Article XI of the Nassau County Public Health Ordinance. This form is to be used only when the individual storage tank capacity is 1100 gallons or less.**

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PLEASE RETURN VIA U.S. MAIL to Bureau of Environmental Protection, Nassau County Department of Health, Attention: Article XI, 200 County Seat Drive, Mineola, N.Y. 11501. Telephone number: 516-227-9691.



**NASSAU COUNTY
DEPARTMENT OF HEALTH**
200 COUNTY SEAT DRIVE
MINEOLA, NY 11501
516 227-9691
FAX: 516 227-9613

BUREAU OF ENVIRONMENTAL PROTECTION
AFFIRMATION OF NON-LEAKING TANK

Re: _____

(Address)

I (we), _____ swear and affirm that I(we) own the above referenced property and that to the best of my(our) knowledge the underground tank and its associated piping used for storing oil solely for on-site space heating and/or water heating, located on this property, is not now leaking and has never leaked. **This form may not be used where there is any re-occurring accumulation of water in the tank.**

(Signature of Property Owner(s))

Affirmation must be received by NCDH seven (7) days prior to the date of the job.

Sworn to before me this

_____ day of _____, _____
date month year

THIS FORM MUST BE SIGNED AND NOTARIZED BEFORE RETURNING VIA U.S. MAIL to the Nassau County Department of Health, Bureau of Environmental Protection, Att: Article XI, 200 County Seat Drive, Mineola, NY 11501. Telephone number: 516-227-9691.



**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			ZIP	CONTACT PERSON/OWNER	
ESTIMATED COST OF CONSTRUCTION:			<input type="checkbox"/> OWNER OR <input type="checkbox"/> LESSEE	ADDRESS	
WORK MUST BEGIN BY				CITY, STATE, ZIP	
PERMIT EXP DATE				PHONE	
LOT SIZE S.F.				EMAIL	
# BLDGS ON LOT			IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION		

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 _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> BASEMENT FINISH 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<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	

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 _____
SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING	Address of Applicant/Contact Person _____ Telephone _____
FIELD REPORT ON REVERSE	

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

Nassau County Department of Health
Small Facility/Homeowner Tank Abandonment
Notification Form

Date of Job ____/____/____

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NCDH 7 days prior to the date of the job
accompanied by a fee of \$70.00 per tank.**

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Phone # _____

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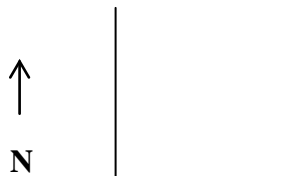
Village _____ Telephone _____

Existing Tank Information:

Tank Size: _____ 275 _____ 550 _____ 1,000

Fill Material: _____ Sand _____ Concrete _____ Approved Foam

Tank Location Diagram:



New Installation:

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	_____ Conversion to gas

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