

INC. VILLAGE OF ROCKVILLE CENTRE – DEPARTMENT OF BUILDINGS

110 Maple Avenue, PO Box 950, Rockville Centre, NY 11571 · www.rvcny.us

GAS PERMIT APPLICATION

PRINT OWNER NAME: _____

DATE: _____

ADDRESS: _____

GAS PERMIT# _____

TEL # _____ PLUMBING PERMIT# _____

SEC. _____ BLK _____ LOT _____

REF. BUILDING PERMIT #: _____

*** All fixtures that produce carbon monoxide are to be in compliance with Amanda's Law; Effective Feb. 22, 2010**

FIXTURES

Location	Basement	1 st	2 nd	3rd	Roof	Outside
Water Heater						
Heating Boiler						
Roof Top Htg. Unit						
Furnace						
Range / Stove						
Oven						
Storage Water Heater						
BBQ						
Gas Fireplace						
Gas Fire pit						
Gas Ansel Valve						
Gas Meter						
Gas Piping						
Pool Heater						
Clothes Dryer						
Comm.Kitchen Equip.						
Natural Gas Generator						
Gas Combi Boiler						
OTHER						

It shall be unlawful to extend or alter any existing Gas work until a permit has been duly issued therefore and then only in conformance with the provisions of the New York State Uniform Fire Prevention and Building Code.

No licensed plumber shall sign a Gas permit or act the Village of Rockville Centre. A violation of this rule will be deemed sufficient reason by the Department of Buildings for the revocation of their plumbing license. I am the plumber of record and I will be performing the applied for work and in the event of any changes to this application as submitted. I will notify the Department of Buildings at once.

The owner of this property and the undersigned plumber agree to conform to all applicable laws of this jurisdiction.

Business Name

License Number

Business Address.....

..... ZIP.....

Tel. #.....

Name (Please Print)

Sworn to before me this _____ day of _____ 20_____

Notary Public

Signature: _____

Stamp: _____

I am the owner of the subject property and hereby acknowledge that the plumber who signed this application is the plumber who is applying and who intends to perform the plumbing work at the subject property, as indicated in this permit application. I understand that in the event of any changes to this application as submitted, I will Notify the Department of Buildings at once.

OWNER SIGNATURE: _____

Sworn to before me this _____ day of _____, 20_____

Notary Public

Signature: _____

Stamp: _____

Description of Proposed Work:.....

Please check Appropriate Box:

New Work Repairs Replacement

*** GAS TEST IS REQUIRED ON ALL GAS PIPING**

DO NOT WRITE BELOW THIS LINE

Gas Application Approved by _____ Estimated Cost _____ Date _____